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ABSTRACT

The student's manual covers a 1-year introductory program for grade 10 as part of a 3-phase individualized integrated curriculum entitled "The Health Care System," which includes work study and optional cooperative education. The manual is divided into three sections: Module 1, an orientation to the health care system, which provides an overview of its occupations, problems, and practices; Module 2, eight fictitious case histories which introduce students to the functions and responsibilities of health care personnel; and Module 3, three units of preparation for field work at a hospital. Dramatizations, facsimile reproductions of fact sheets and documents, sample questionnaires and records forms, suggestions for relevant and varied student activities, open-ended problem-solving situations, and vigorous illustrations designed to dispel stereotypes all add meaning and realism to lessons. Each unit of work includes objectives and worksheets. For further information on this federally funded pilot project, teaching procedures, resources, and field experiences, see the teacher's manual. (AJ)

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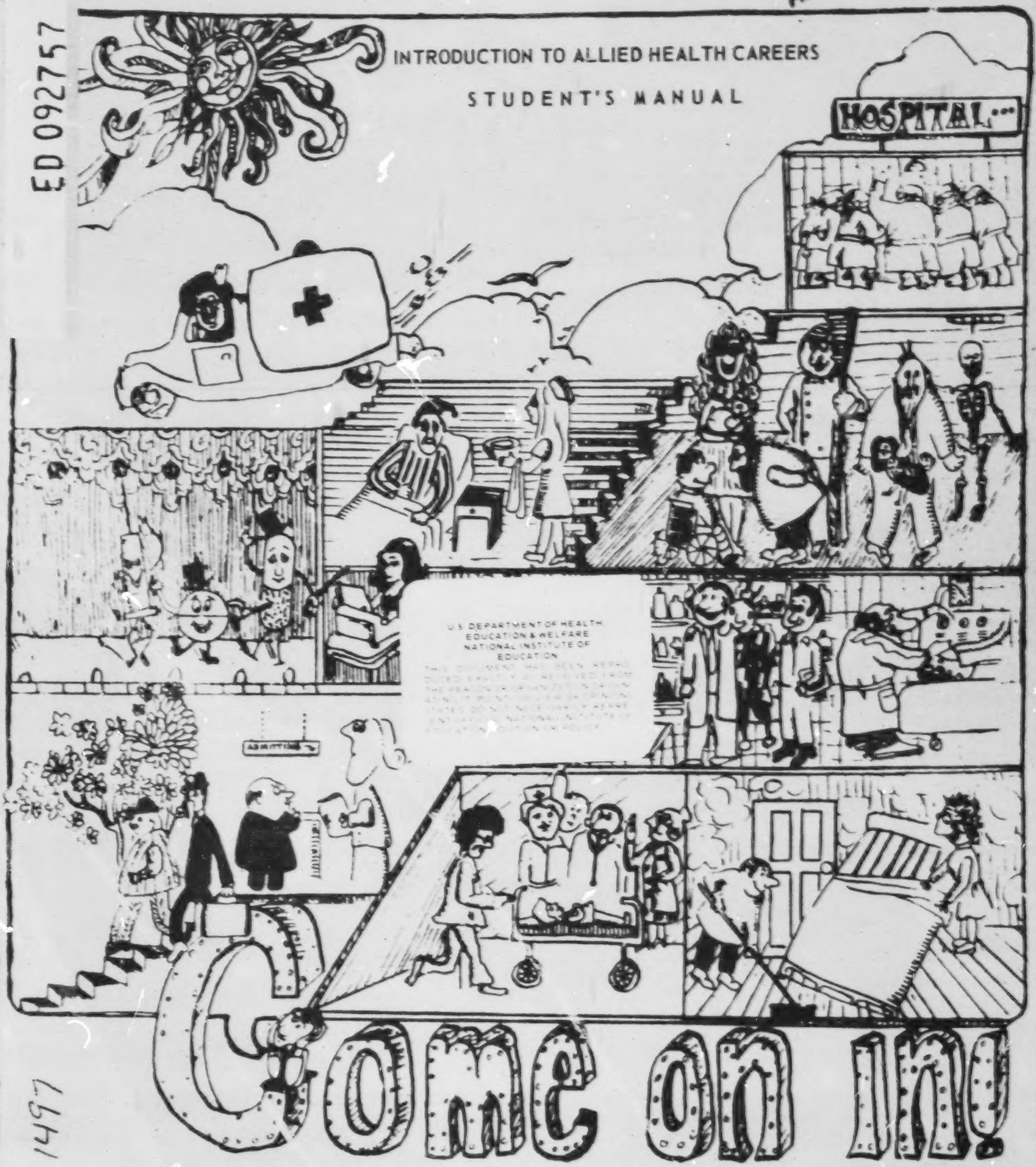
INTRODUCTION TO ALLIED HEALTH CAREERS

STUDENT'S MANUAL

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# Come on in!

...An Invitation to Enter the Health Professions

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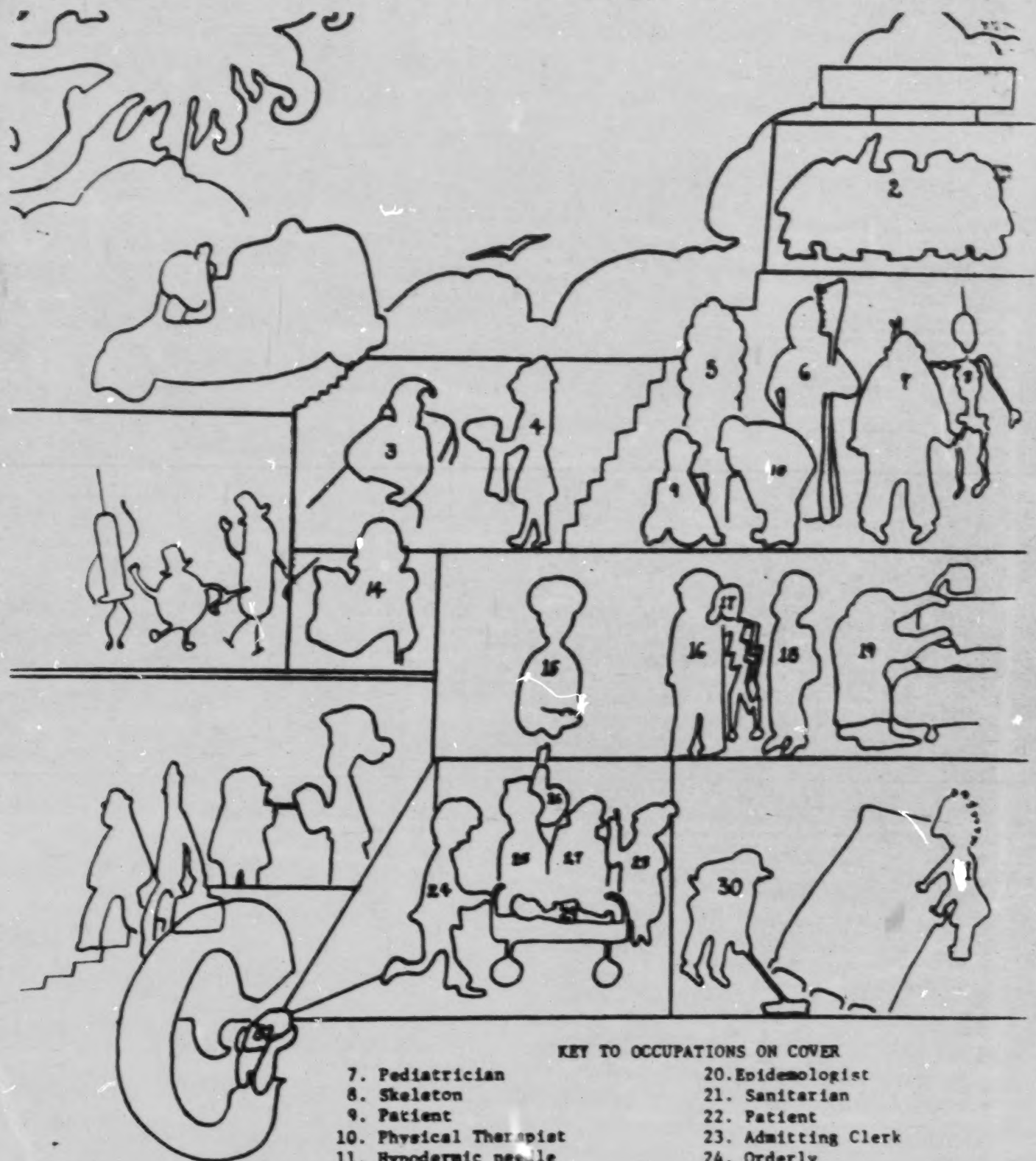

1. Ambulance Driver
2. Surgery team
3. Patient
4. Licensed Vocational Nurse
5. Dietician
6. Dentist

KEY TO OCCUPATIONS ON COVER

7. Pediatrician
8. Skeleton
9. Patient
10. Physical Therapist
11. Hypodermic needle
12. Tablet
13. Capsule
14. Medical Secretary
15. Pharmacist
16. X-ray Technician
17. X-ray
18. Radiologist
19. Inhalation Therapist
20. Epidemologist
21. Sanitarian
22. Patient
23. Admitting Clerk
24. Orderly
25. Nurse (R.N.)
26. Orthopedic Technician
27. Physician (M.D.)
28. Lab Technician
29. Patient
30. Housekeeper
31. Nurse's Aide
32. YOU (AHPP Student)

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# INTRODUCTION TO ALLIED HEALTH CAREERS

## STUDENT'S MANUAL

Doris Rosenthal, M.A., M.P.H.

Phyllis Agran, M.A., M.P.H.

Research and Demonstration Grant 8-0627
U.S. Office of Education, Bureau of Research
Department of Health, Education and Welfare

UNIVERSITY OF CALIFORNIA, LOS ANGELES
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Diane E. Watson, Deputy Director
Secondary Schools Project
Allied Health Professions Project

November 1971

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## MODULE I

## ORIENTATION TO THE HEALTH CARE SYSTEM

Unit 1: Health Care Facilities and Occupations

### OBJECTIVES

The student should be able to list several hospital departments and name some health occupations within them.

Student should be able to list methods of identification (name badges, etc.) of various health personnel in hospital and other health agencies.

Student should be able to list several health occupations and give some information on basic tasks.

Student should be able to demonstrate proper hospital behavior.

Student should be able to demonstrate knowledge of ethical behavior including employee-patient relationship.

## PREPARATION FOR HOSPITAL OBSERVATION

### Comparative Medical Practices

The first portion of the course consists of a presentation of slides depicting the following:

1. The practice of medicine from primitive eras to modern times.

2. Outstanding scientists whose contributions aided in the development of present day medical practices.

3. Several departments of the modern hospital with appropriate personnel.

4. Patient care: in-patient and out-patient services.

MODULE I

Comparative Medical Practice

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Watch slides<br><br>Attempt to identify depictions.<br><br>Raise questions for better understanding<br><br>Enter into discussions related to slides.<br><br>List five hospital departments.<br><br>List five hospital personnel (occupations)<br><br>List five new terms<br><br>Supplementary Reading: Devils, Drugs, & Doctors, Howard W. Haggard, M.D., Pocket Books, Inc. Any chapter of interest to the student. | Student should be able to tell difference between some older medical practices and newer techniques.<br><br>Student should be able to recall some:<br><br>Hospital departments<br>Occupations<br><br>Few functions in modern setting.<br><br>Should be able to define some terms briefly.<br><br>Should be able to list a few general duties.<br><br>Should be able to point out relationship between science and applied art of medicine.<br><br>The student should be able to compare and contrast the old medical practice with the modern practice for a given health problem. |

MODULE I

WHO'S WHO IN HEALTH CARE FACILITIES

Supplementary Activity: Reading of story, "Confusion in the Hospital"

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Take turns reading story aloud to completion "Confusion in the Hospital"<br><br>Ask and answer questions concerning main points. | Student should be able to recognize some hospital personnel by one or other of following devices.<br><br>a. Uniforms<br>b. Name badges<br>c. Emblems<br>d. Pins<br><br>Student should be able to recognize some health agency personnel by: b,c,d above.<br><br>Student should be able to tell that identification of personnel in hospital is mostly by types of uniform, whereas agency personnel are usually identified by name badges.<br><br>The student should be able to tell that most professional hospital and agency personnel are licensed by successful passage of qualifying examination; that some para-professions are certified in some manner.<br><br>The student should be able to tell that professional as well as para-professional personnel usually belong to an organization composed of their peers.<br><br>Should be able to take test designed on main points. THEREFORE should be able to extrapolate appropriate material from body of story. |

## CONFUSION IN THE HOSPITAL

Debra Williams, an AHPP student, walked into a patient's room in time to hear the following conversation:

"Good morning, Nurse, I'm all ready for my bath." The speaker was Mrs. Vanette, an elderly patient. "And please give me an extra nice back rub," she added. "My back really aches today."

A pretty young brunette in a white uniform was standing at Mrs. Vanette's bedside. "I'm awfully sorry," she said pleasantly, "but I'm not a nurse. I'm a dietary aide. I just came in to pick up your menu for tomorrow's meals."

To the dismay of the aide, Mrs. Vanette burst into tears. The AHPP student was terrified. Forgetting one of the rules of hospital etiquette--always walk along the corridors--Debra ran from the room to the nurses' station.

"Miss Epps," she cried, "come quick. Mrs. Vanette is having a heart attack."

Linda Epps walked swiftly with Debra to the patient's room to find Mrs. Vanette sobbing uncontrollably and the dietary aide standing in silent distress.

Calmly and easily, Miss Epps soothed the patient and learned the cause of her outburst.

Mrs. Vanette wiped her eyes and said apologetically, "I'm so sorry I broke down like that. It's just that I've been here five days now and I can't seem to get people straight. It seems like all the ladies wear white. I thought only nurses wore white. How can you tell who is who when so many people don't even wear a uniform? Before my roommate was discharged yesterday, a young man came in with long hair and a beard, wearing jeans and an Agnew sweatshirt. I thought he was the television repair man and I told him how the set was acting. He fiddled with the knobs a few minutes, then told me he would report it out of order. It turned out he was Dr. Theodore Young. He was a psychiatrist." Mrs. Vanette wailed again. "I've made so many mistakes. Can't you see how frustrating it is?"

She seemed about to resume weeping. Miss Epps reassured her sympathetically.

"I agree with you absolutely, it is very hard, but I have a suggestion that might help. Look for the name badge. The badge will tell you the name, title, and department, unless the employee happens to be wearing street clothes."

"Well, that will help," agreed Mrs. Vanette. "I'll remember that."

Debra spoke meekly as she walked back to the nurses' station with Miss Epps. "I'm sorry," she said. "I really thought Mrs. Vanette was having a heart attack."

Miss Epps said comfortingly, "Well, you found a patient in distress so you ran for help. You did the right thing."

Debra was thoughtful. After a moment she said, "Miss Epps, do you think I could make a list of all the hospital people so we could give it to patients when they're admitted?"

"Well, we do have those little 'Welcome to Your Hospital' booklets, but they only tell about the hospital departments. Maybe you could do a little research and come up with something we could present to the Administrator. Would you like to do it?"

Debra agreed enthusiastically.

"All right then," said Miss Epps. "The floor census is low right now. We'll leave Miss Chaney in charge and spend an hour or so visiting the other departments. You can start your research right away."

After they had visited four departments, Debra realized that the undertaking would involve much time and work. But she had been so unsettled by Mrs. Vanette's complaint that she resolved to stick to the task.

Miss Epps, realizing that Debra's ambitious project would take a good deal of time, arranged with the Allied Health instructor to allow one hour a day for it. At the end of a month, the work was completed. Miss Epps was enthusiastic.

"Beautiful!" she said. "How did you collect so much material?"

"I made out a questionnaire," said Debra, and presented a copy to Miss Epps. "I thought it would be fun to try the questionnaire on our class, too." she went on. "I started in the Dietary Department, and I found out that everybody there wears white, and everybody wears a badge with name, title, and department. Most of the dieticians wear a pin with the American Dietetic Association emblem on it. That means the wearer has finished four years

of college, one year of internship, and has passed an American Dietetic Association examination. She gets a certificate qualifying her as a Certified Dietician, and she must keep up her membership in the Association."

Miss Epps interrupted. "You mean that all dieticians are not entitled to wear the ADA pin?"

"That's right," said Debra. "A person who graduated from college as a dietician can be hired by a hospital only as a 'graduate dietician.' She might even be paid less although her duties would be the same as the registered dietician."

"What are the dietician's duties?" asked Miss Epps.

"The most important duty is direct supervision of preparing food for patients and hospital personnel. She also hires and trains dietary workers, manages budgets, buys food, receives doctors' orders, works out special diets, and plans regular and restricted menus."

Debra went on. "A hospital as large as ours has to employ several dieticians. I talked to my friend, Vicki Brown, who is a dietary aide here. She works on the food line, places items on the trays, makes salads and desserts, delivers trays, picks up menus--she is thinking of going to college to become a dietician."

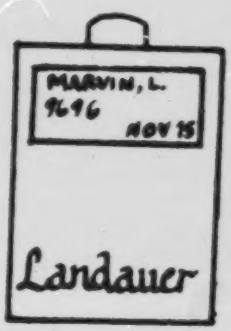
VICKI BROWN
DIETARY AIDE

Debra's next visit, she told Miss Epps, was to the Radiology Department. The supervisor, Mr. Leroy Marvin, wore a short lab coat, a name badge, and a pin with the letters ARRT, which he explained stood for American Registry of Radiologic Technologists. ARRT gives the licensing examinations. The American Society of Radiologic Technologists (ASRT) is the professional society.

LEROY MARVIN
SUPERVISOR, RADIOLOGY

Since July, 1971, all radiologic technologists have been required to join ARRT in order to become licensed. This means completion of a two-year course at junior college and the passing of an examination. Hospitals might hesitate to hire an unlicensed technologist in the future, even though he had taken the two-year course.

Mr. Marvin explained that the radiologic technologist assists the radiologist, who is a doctor of medicine, in diagnostic X-ray. He takes radiolographs of internal body parts, develops the film, and may assist in giving treatments to patients. All those who work with X-rays nowadays wear the radiation detection badge for protection. The badge has a sensitive area which changes color when the wearer is exposed to X-rays.

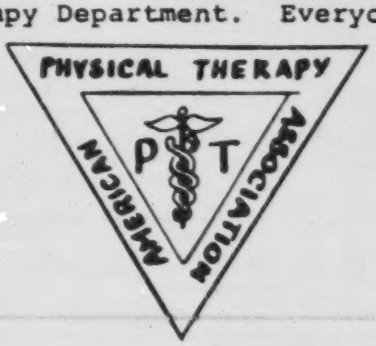



RADIATION DETECTION BADGE

"Are all workers in the Radiology Department classified as technologists?" asked Miss Epps.

"Oh no," said Debra. "There are technicians who work under the supervision of the technologist. They do jobs such as positioning patients, developing film, setting up film, and preparing materials for treatment. They have completed a nine-to-twelve-month course. Then there are radiology aides, usually high school graduates who went through on-the-job taining. The aides also work under the supervision of the technologist. One of their duties is transporting patients between Radiology and the nursing floors."

Mr. Tom Whiteside was next on Debra's list. He is the supervisor in the Physical Therapy Department. Everyone in the department



wore white, Debra reported, and everyone wore a name badge, but Mr. Whiteside also wore a patch on the sleeve of his overblouse. The patch signifies that the wearer is a registered physical therapist. This requires a specific four-year course in college and a three month's affiliation with a hospital, after which the American Physical Therapy Association (APTA) certifies that the therapist is registered.

Within the last couple of years, Debra added, California law has required graduate physical therapists to become licensed by taking a state board examination.

"What about all the people in the Physical Therapy Department who don't have patches?" asked Miss Epps. "Who are they?"

"Technicians and aides," said Debra. "The RPT's work under the direct supervision of the doctor of Physical Medicine, called a physiatrist. The technicians and aides work under the supervision of the RPT's." She warmed to the subject. "Mr. Whiteside told me that RPT's use machines and equipment for disabled patients; they exercise them, stimulate the circulation, restore muscle tone--and the RPT trains and supervises the aides and technicians to help."

A message was delivered for Debra from Mr. Don Leonard, Chief Inhalation Therapist, promising that Debra could see a patient receiving therapy. Debra had already visited the department and had noticed three people wearing pins inscribed with a caduceus and the letters AAIT. Mr. Leonard explained that the letters stood for American Association of Inhalation Therapy and that the pin or patch is given for passing the AAIT examination.

To qualify for the examination requires an AA degree or two years of job experience and enrollment in the second year of the course. Every Registered Inhalation Therapist must belong to AAIT, and licensing will soon be required.

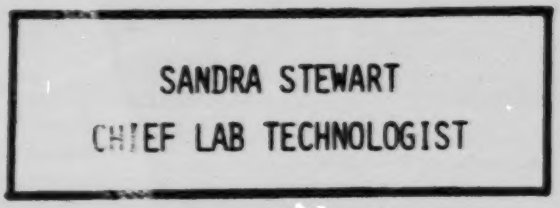
Aides and technicians are supervised by the RIT. The aide is usually a high school graduate given on-the-job training and allowed to perform simple tasks under supervision. The technician usually has a short course in Inhalation Therapy before

taking the job. He can do more complex tasks than the aide, but is still supervised by the RIT. LVN's sometimes work as technicians, but cannot join AAIT.

"Some of the duties of the inhalation therapist," Debra explained, "include prescribed treatment for diseases which require oxygen administration or administration of medicine which is inhaled by the patient. He also teaches patients how to do breathing exercises to improve their condition."

"What was the most difficult department?" Miss Epps asked.

"The medical laboratory," said Debra promptly. "They have so many different people--the medical technologist (MT), the cytotechnologist, the medical laboratory technician (MLT), the certified laboratory assistant (CLA). Mrs. Stewart, the Chief Technologist, explained it pretty well. I noticed that she was wearing a name badge and a pin that said ASCP (American Society of Clinical Pathologists). She told me that ASCP is an association of pathologists (M.D.s) who give the qualifying exam and certify those who pass it. Of course, in order to take the exam,



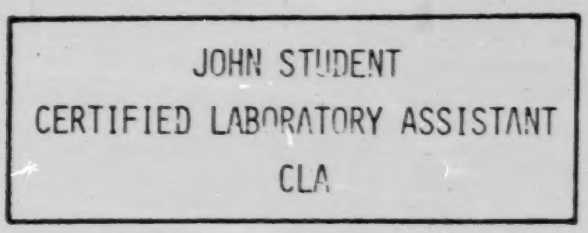
a person must first complete a four-year college course which includes clinical experience in a hospital laboratory. MT's are licensed by the State, and most of them belong to ASMT (American Society of Medical Technologists). They must be prepared to hire, train, and supervise other lab employees."

She described the tasks of the MT's. They test human body fluids, do blood cultures, grow and identify microorganisms, study tissue cells for abnormal growth processes, and perform countless other tasks. The cytotechnologist, she explained, specializes in the study of body

cells and cell substances. He has to have two years of college (AA degree) and wears a pin inscribed ASCP and Registered Cytotechnologist. He, too, must pass an exam given by the ASCP.

The histologic technician is a person who has graduated from high school and finished twelve months of laboratory training. His specialty is preparing portions of body tissue for examination by the pathologist. This preparation includes staining the tissue with chemicals and placing the slide under the microscope. He wears a pin inscribed ASCP, and Histologic Technician. He is not required to take a qualifying examination.

In most states, the certified laboratory assistant can collect blood specimens, prepare and stain slides for the study of microorganisms, and do chemical tests on body fluids. He trains for the job with twelve months in a Certified Laboratory Assistant School. No qualifying tests are needed to secure the job. He wears identification as a Certified Laboratory Assistant.




The medical laboratory technician has completed two years of college (AA degree), and wears no identifying pins or patches. His duties are varied, and include some of those mentioned under the other laboratory occupations. In California, however, CLA's and MLT's are not permitted to perform laboratory tests in most laboratories.

Debra looked quizzically at Miss Epps. "Are you thoroughly confused?" she asked.

"Not at all," said Miss Epps. "Your explanations were very clear. The only question I have is about the uniforms and name badges. Is the medical technologist the only person who wears a uniform and name badge?"

"Oh no," said Debra. "Every employee wears a name badge and everyone wears some sort of white uniform--a smock, a lab coat, overblouse, or whatever."

"I see," said Miss Epps. "Another thing I've been wondering about--is the Nursing Department as confusing as you say in your report?"

"I'm afraid it is," said Debra. "Nothing personal, Miss Epps, but I found two, three, four, and five-year registered nurses; one-year LVN's, and orderlies and aides who had been trained on the job. I don't understand how a person who goes to college for two years and

gets an AA degree can take the same examination as someone who goes to college for five years and has a Master of Science. And they both wind up with an RN license! How do you figure that?"

"You've hit on a touchy point, young lady," Miss Epps admitted. "That's still the most controversial issue in Nursing. Some day soon, we hope, it will all be straightened out. All I can tell you now is that the nursing shortage forced a decision some years ago to shorten nursing education and turn out more nurses. This expediency has become a nightmare." She stopped herself to ask a question. "Tell me, did you find out the different functions of the RN's, LVN's, aides, and orderlies?"

"Oh, yes," Debra said, "all sorts of things. I'd better start with the uniforms. On this floor everybody wears white in different styles. The female RN's, LVN's, and aides wear dress uniforms, slack suits, or culottes. The RN's and LVN's (ladies, that is), have caps--the RN cap usually has a black band and can be very cute--the different schools have different caps."

RN Caps

"The LVN cap may or may not have a band. The RN's and LVN's don't always wear their caps but they always wear their school pin and their name badges. The male RN's and LVN's also wear school pins and name badges. The school pin indicates graduation from an RN or LVN school.

Nursing School Pins

There was much more Debra had to tell. "After she finishes nursing school the RN student is eligible to take the California State Board Examination. The examination is made up by the National League for Nursing and is administered in all the States and possessions of the United States. After she passes her State Board Examination, she has the title, Registered Nurse; she is licensed and uses the initials RN."

The LVN, Debra said in her report, must also pass an examination. After passing the examination, she is known as a Licensed Vocational Nurse (LVN). She can then join the National Federation of Licensed Practical Nurses, which is what Vocational Nurses are called in all states except California and Texas.

In California, the practical nurse has taken a course in basic nursing techniques. She receives a pin on completion of training, but no license. Her duties are the same as those of aides or orderlies.

"I must apologize to the male RN's, LVN's, and practical nurses," Debra interrupted herself. "I keep saying 'she' in referring to them, yet there are many men in those categories."

She continued with the duties of nurses. The RN, she explained, receives orders from the physician for the care and treatment of the patients. If she is in charge, she delegates the more complex tasks to other RN's, the less complex to LVN's, and the simple tasks to practical nurses, aides, and orderlies. The aides and orderlies can take temperatures, count pulses and respirations, take blood pressures, and record. They can bathe and feed patients, walk them, and perform other tasks assigned to them by the RN who supervises their work. The LVN can do additional tasks, such as watching intravenous feedings, assisting physicians in examinations of patients, giving tube feedings and enemas and some medications.

RN's must be capable of doing all the tasks, as well as keeping accurate records, planning nursing care, teaching and supervising nursing employees.

Debra returned to talk of uniforms again. She said that the nursing staff on many Pediatrics cases wear pink and blue uniforms instead of white, because children are often afraid of white uniforms. All personnel wear badges and name pins. In the Psychiatric Department, the staff may wear street clothes without identifying badges or pins. This is to make the patients feel more comfortable.

Ward clerks working on the nursing floors wear designated uniforms. They also wear name badges. Ward clerks are specially trained office workers who do much of the nurses' clerical work.

"What about the other workers you mention in your report?" Miss Epps asked Debra. "Can you tell us about them?"

Debra explained about non-medical volunteers, who can be identified by their name badges, They run errands for the patients, read to them, write letters for them, and help them with their grooming. Candy-stripers are teenagers who do the same things. They wear striped uniforms and name badges.

Interns and resident physicians wear white lab jackets or coats, and name badges. Attending physicians, who come into the hospital to see patients, usually wear street clothes.

Health agencies other than hospitals rely on name badges, with uniforms worn only occasionally for protection. These workers might be sanitarians, public health nurses, social workers, or health educators.

Debra was finished. Miss Epps complimented her on a thorough job of research. "You've certainly helped to identify most of the people in a hospital," she said, "but I think you have forgotten something."

Debra was puzzled. Miss Epps pointed to Debra. Debra laughed.

"Me?" she said. "I'm Debra Williams, Allied Health Student, here to explore health occupations. I'm in the eleventh grade in high school. I spend two or three hours a day in Nursing, since I am interested in the field." She was silent a moment. Then she said, "You know, I'm not going to forget my name badge again. It's really very important, isn't it?"

Miss Epps agreed. Debra had learned a great deal as a result of Mrs. Vanette's hysteria.

MODULE I

Behavior and Ethics

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Give definitions of behavior. | Students should be able to illustrate the "do's and don'ts" of hospital behavior by cartooning. |
| Design cartoons illustrating improper work behavior. | Students should be able to list three ways to ensure patient's privacy. |
| Role play situations indicated. | Students should be able to discuss ethical behavior and how it relates to everyday etiquette. |
| Recall some hospital experiences. | |
| Will enter into discussion concerning legal aspects. | |

MODULE I

OBSERVATION OF HEALTH CARE FACILITIES AND OCCUPATIONS

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Field trip to hospital for orientation.<br><br>Assigned to various hospital departments for observation.<br><br>Interview the hospital personnel using the form provided.<br><br>Give oral reports in class about hospital experiences.<br><br>Keep a record of unfamiliar words or terms heard; bring the list to class. | The student should be able to name several hospital departments, and list the personnel in each. |

MODULE I

OBSERVATIONS OF HEALTH CARE FACILITIES AND OCCUPATIONS

## Hospital Interview Form

Classroom discussions and activities have centered around the hospital and the various departments within it. As you have discovered, these departments all work together toward one goal--helping the hospitalized patient to become well again.

At this point, you are ready to go into several different hospital departments to find out a little about how they work to reach this goal. You will want to know some of the job titles held by persons working in the various departments and some of the duties performed. What makes a certain person like a certain job? What makes him feel proud of what he is doing? What are some of the advantages or disadvantages of the job?

Obtaining such information will help you in making decisions about your future career. And, of course, such decision-making on your part is one of the most important parts of this program.

In your Student Manual, you will find a hospital interview questionnaire designed to help you obtain information from hospital workers about their jobs.

When you go to the hospital departments, take along a little notebook to jot down notes concerning your impressions. Complete the questionnaire.

As soon as possible after a visit to the hospital, individual experiences will be discussed in the classroom. Your notes will come in handy to help you take part in the discussions.

Turn in your completed questionnaire to the teacher.

## HOSPITAL INTERVIEW QUESTIONNAIRE

(A)

JOB TITLE

DUTIES AND RESPONSIBILITIES

PERSONALITY OR CHARACTER REQUIREMENTS

ADVANTAGES (example - direct contact with people)

DISADVANTAGES (example - too much standing, (night work only)
danger of personal harm, e.g., x-rays.

MOST SATISFYING OR EXCITING EXPERIENCE ON THE JOB

**********

IMPRESSION OF THE JOB

NEW WORDS

QUESTIONS, COMMENTS, OR INTERESTING EXPERIENCES

## HOSPITAL INTERVIEW QUESTIONNAIRE

(B)

JOB TITLE

DUTIES AND RESPONSIBILITIES

HOURS AND SALARY RANGE

EDUCATIONAL REQUIREMENTS

OPPORTUNITIES FOR ADVANCEMENT

ENTRY LEVEL JOBS

RECOMMENDATION FOR PREPARATION

RELATED JOB OPPORTUNITIES

REFERENCES FOR FURTHER INFORMATION

MODULE I

ORIENTATION TO THE HEALTH CARE SYSTEM

Unit 2: Evaluation of Health Information

## Objective

1. The student should be able to compare and contrast the basis for folk practices and the basis for scientific medical practices.

2. The student should be able to discuss the role and practice of folk medicine today.

3. The student should be able to discuss the reasons why the consumer will often resort to quack treatment or folk practices instead of utilizing reliable medical care.

4. The student whould be able to state the possible consequences of utilizing a quack treatment or folk remedy.

5. The student should develop and use criteria for evaluating health information.

6. The student should be able to list and use sources of reliable medical information.

THE HEALTH CARE SYSTEM

Evaluation of Health Information

Folk Medicine

Topic Outline

I. Development of Primitive Medicine

   A. Sickness created demand for help

   B. Magic, religion, medicine were all related

II. Primitive Medical Practitioners: priest, doctor, witchdoctor

III. Changing Practices with Passage of Time

   A. Separation of mystical element from the practice of medicine

   B. Development of scientific medicine

   C. Influence of folk medicine on scientific medicine

   D. Folk medicine as a part of our life today

IV. Relationship of folk practices to quackery

## Evaluation of Health Information

## Folk Medicine

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Record on Worksheet (student manual) folk beliefs from home and community according to directions. | The student should be able to state a folk belief, describe the cure, and state folk reasoning for cure. |
| Analyze through class discussion the scientific validity of the folk beliefs brought from home. | The student should be able to compare the basis for folk practice with the scientific method. |

## Folk Medicine

### Homework Assignment

Discuss folk beliefs or practices with your parents, grandparents, neighbors, etc.

List on the attached worksheet one or two folk beliefs or practices which were mentioned in the discussion.

Explain:
1) the belief or practice
2) the cure or remedy used for the condition
3) the reason the cure is supposed to work

Example:

A. Folk Belief or Practice

Curing of warts. There are many methods for getting rid of warts; the following are two examples:

B. Cure or Remedy

1. Place a fresh slice of potato on the wart; leave it on the wart for three days until the potato turns black. This will remove the wart.

OR:

2. Rub a piece of stolen meat or beans on the wart. Then bury the meat or beans.

C. Reason the cure works according to folk belief

1. The potato draws out poison.

2. As the meat or bean is absorbed into the earth, the wart is absorbed back into the skin.

Find examples of cures and remedies for the following:

Warts, Headaches, Colds, Corns and Bunions, Growing Hair, Removing Hair, Heart Trouble, Weight Loss, Weight Gain, Backache, Rheumatism, Stomach Ache, Constipation, Fever, Hiccoughs, Acne, Toothache, etc.

References: Bauer, W.W. Potions, Remedies and Old Wives Tales
Jarvis, D.C. Folk Medicine

## Evaluation of Health Information

## Folk Medicine

### Worksheet

Folk Beliefs and Practices

A. Folk Belief or Practice

B. Cure or Remedy

C. Reason the Cure Works According to Folk Belief

## Evaluation of Health Information

## Folk Medicine

### Folk Practitioners

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Select advertisements for class discussion and analysis. | The student should be able to name three types of folk practitioners still functioning today. |
| Do homework assignment on community practitioners.<br><br>Student will bring homework assignment to class. | The student should be able to give three possible reasons for people turning for medical advice to folk practitioners rather than to legitimate sources. |
| Discussion, review, summary of folk medicine. | The student should be able to discuss the role and practice of folk medicine today. |

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Matt 11:28

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## Evaluation of Health Information

## Folk Medicine

## Homework Assignment

Do any of the following practice in your neighborhood?

1. Practitioner
2. Healer
3. Herbalist
4. Diviner
5. Naturalist
6. Midwife

Look up these headings in the yellow pages of your telephone directory in order to determine if they can be found in your community.

Write down the name, address, telephone number, and other information given in the ad for at least THREE of these people. Bring to class.

## THE HEALTH CARE SYSTEM

### Evaluation of Health Information

### Quackery

### Introduction

The quack of today does not have the virtue of sincerity and the belief in his own solutions that characterized the primitive medicine man. The quack knows he is a phoney and cynically classifies the patient as a sucker.

He is not a healer because of calling or human concern but because he sees it as a way to make easy money. His goals are selfish ones; he has no real concern for the welfare of his client, who, because of the quack's treatment may be denied effective medical help.

Since money is the goal, the quack will use all methods to appeal to the public. This often means using folk medicine remedies and making them seem "scientific" and part of today's medicine. Or, he will deny the usefulness of scientific medicine, claiming the old ways are best. He sells his wares by playing on fear and ignorance,using as his cover the mysterious qualities of many diseases.

How can the individual protect himself from becoming the victim of the quack? An educated consumer who can evaluate the content and source of medical information can protect himself, his family, and his friends.

## Evaluation of Health Information

## Quackery

## Topic Outline

A. Quackery-Introduction

1. Definition
2. Components of Quackery
3. General categories of quackery

B. Methods of the Promoter

C. Perpetuation of Quackery

1. Susceptible consumer
2. Many disorders will be cured without medical treatment
3. Consumer will not always be able to determine effectiveness of treatment.
4. Inadequate consumer protection

D. Possible implications of utilizing unreliable or unproven sources of medical information or treatment

1. Delays or forsakes reliable medical care
2. Encourages self diagnosis
3. Uses potentially harmful product

E. Criteria for recognizing, analysing, and evaluating medical information used in the promotion of health or health-related products:

1. Guidelines for recognition
2. Guidelines for analysis and evaluation of health information.

F. Consumer Protection - Regulation of Quackery

1. Background
2. Federal agencies responsible for regulation
3. Problems of regulation
4. Other agencies
5. Non-governmental organizations

FDA fact sheet

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Consumer Protection and Environmental Health Service
Food and Drug Administration
Washington, D.C. 20204

## QUACKERY

Many people concerned with health problems ask the Food and Drug Administration for information on some of the following points:

1. What is quackery?

The term "quackery" encompasses both people and products. The "health practitioner" who has a "miracle cure" but no medical training is a quack; the worthless drug or food supplement pushed in deceitful promotions is a quack product; the machine that has impressive knobs and dials, but does nothing except take money out of the pockets of the unsuspecting, is a quack device.

2. What kinds of quackery are there?

There are basically three types of quackery: worthless drugs and cosmetics; silly food fads and unnecessary food supplements; and useless medical devices. Their promoters' interest is not to protect or restore your health, but to separate you from your money.

Worthless drugs: These include "cures" for baldness among men, which is incurable; chemical "face peels" that promise new youth but may bring permanent disfigurement; "prompt relief" from colitis through laxatives which can seriously worsen this condition; drugs that "melt away" fat without dieting - when dieting is the only way known to medicine to reduce weight. Most cruel and dangerous of all are the "effective treatments" for diabetes and cancer. In diabetes, they can cause coma and death; in cancer, the patient is robbed of the one element that can save his life - valuable time during which really effective treatment could still be administered.

Food Fads: Contrary to what self-appointed "nutrition experts" say, American farm land is not "depleted;" chemical fertilizers and modern food processing do not deprive our food of its nutritive value. Americans are the best fed people in the world; diseases caused by dietary deficiencies have all but disappeared. Nutritional needs of older people are much like those of any other age group. The need for vitamin, mineral, or other food supplements can only be established by a physician.

Medical Devices: The electrocardiograph records the action of the heart; a special gauge shows the blood pressure; X-rays record abnormalities within the body. But there is no machine which can diagnose or treat different diseases by simply turning a knob or flashing lights; no apparatus can reduce excess weight by vibration; no glove or bracelet can "cure" arthritis with "electricity" or "uranium ore." Sometimes quackery even involves legitimate devices. It is practically impossible to get properly fitted eyeglasses or dentures by mail order, for example.

3. How can quackery be recognized?

Quackery follows certain well-defined patterns. If your answer is "yes" to any of the following questions, it is very likely that you are one of the thousands of people who are victimized by quacks each year.

Is the product or service offered a "secret remedy"?

Does the sponsor claim that he is battling the medical profession which is attempting to suppress his wonderful discovery?

Is the remedy sold from door to door, by a self-styled "health advisor," or promoted in lectures to the public, from town to town?

Is this "miracle" drug, device, or diet promoted in a sensational magazine, by a faith healers' group, or a crusading organization of laymen?

Does the promoter show you "testimonials" on the wonderful miracles his product or services have performed for others?

Is the product or service good for a vast variety of illnesses, real or fancied?

4. What can you do?

If you suspect that you are the victim of quackery, there are a number of things you can do:

See your physician or inform your county medical society.

Get in touch with the Food and Drug Administration, either at its District Office in your area, or in Washington, D.C.

Ask the Better Business Bureau about the reputation of the promoter.

If the drug or device was promoted through the mail, inform your local Post Office.

FDA fact sheet

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Consumer Protection and Environmental Health Service
Food and Drug Administration
Washington, D.C. 20204

## SOME QUESTIONS AND ANSWERS ABOUT DIETARY SUPPLEMENTS

1. What are dietary supplements?

Dietary supplements are intended to supply one or more essential food nutrients to an individual's diet. The most familiar dietary supplements are multi-vitamin and vitamin-mineral preparations. These products are sold as tablets, capsules, pills, wafers, powders, or liquids.

2. Are "natural" vitamins (those found in foods) better than "synthetic" vitamins (vitamins manufactured in the laboratory)?

All vitamins are specific chemical compounds. They have the same composition and have the same effect on the body, whether they are produced synthetically in a laboratory or derived from natural sources.

3. Is it true that no one gets enough vitamins and minerals and therefore everyone needs to take dietary supplements?

Diseases caused by vitamin and mineral deficiencies are extremely rare in the United States. The Food and Drug Administration believes that the nutritional needs of most Americans can be satisfied by readily available foods, and that only persons with special medical needs require routine use of dietary supplements.

4. Does worn-out soil affect the nutritive value of foods produced on it?

The most serious effect of worn-out soil is reduction in the quantity of a crop it yields. There is a relationship between the nutrients of a crop and the elements of the soil in which it was grown, but the impact of this upon the total diet of the average American is insignificant. Modern methods of processing, preservation, and distribution enable Americans to enjoy, all year round, foods which were once seasonal. The constant availability of these foods more than offsets any effect upon human nutrition of normal variations of the food's nutrient content.

5. Will vitamin or mineral supplements give a person pep or a feeling of well-being?

Feeling poorly, lacking pep--these are just symptoms which may be caused by disease, by emotional stress, by loss of sleep, as well as by poor nutrition. If a deficiency of vitamins or minerals were the cause, then dietary supplements might reduce the symptoms and a feeling of well-being would be restored. Of course, it is extremely difficult for the average individual to accurately diagnose the cause of these symptoms. If the symptoms persist, he'd be wise to see a physician.

SOME QUESTIONS AND ANSWERS
ABOUT DIETARY SUPPLEMENTS

6. Can one take too many vitamins and minerals?

Vitamin-mineral products, when taken according to label directions, are not harmful. Normally, if a person takes more vitamins and minerals than he needs, the body passes them off. However, overdoses should be avoided.

7. Are fresh foods a better source of vitamins and minerals than processed foods?

In general, there is little difference between fresh and processed foods. Modern processing methods preserve vitamin and mineral values or restore them. For example, canned and frozen fruits and vegetables are quickly processed at their nutritional peak. Flour, bread, milk, and margarine are nutritionally improved with added vitamins and minerals.

8. What is the difference between "enriched" foods and "fortified" foods?

"Enriched" foods (chiefly those made from cereal grains) are nutritionally improved by replacing or restoring amounts of thiamine, riboflavin, niacin, and iron removed by processing. All four of these ingredients must be included if a product is labeled "enriched." Calcium and vitamin D are optional ingredients, and may be included or omitted at the discretion of the manufacturer. If included, they must be stated on the label.

The term "fortified" is applied to foods where one or more ingredients have been added to provide certain nutrients that may or may not be present naturally in the food. The addition of vitamin D to milk and iodine to table salt are examples.

9. Would your diet be better if it contained whole wheat and other dark breads rather than eriched white bread?

Nutrition research has shown that a diet containing white bread made with enriched flour has the same value as one containing whole grain bread.

10. Are certain types of labeling and advertising for vitamin and mineral preparations prohibited?

The Food and Drug Administration cooperates closely with the Federal Trade Commission in control over the claims made in labeling and advertising vitamin and mineral preparations. Manufacturers of these products, for example, cannot claim that they replace food, take the place of sleep or rest, ease tension, restore youth, grow hair, restore sexual powers, build muscles, curb appetites, or cure serious diseases.

FDA fact sheet

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Consumer Protection and Environmental Health Service
Food and Drug Administration
Washington, D.C. 20204

## SELF-MEDICATION

Self-medication is the use of a drug or drugs available without a prescription - often called over-the-counter or OTC drugs. These drugs are helpful in the treatment of simple conditions--such as headache or indigestion--that can be diagnosed by the average person. They can be used safely when directions supplied with the drugs are followed.

However, the chemicals in all drugs--even the most common over-the-counter preparations--do something to a function or a part of the body. If misused, if used in excessive dosages or for too long a period of time, they may be harmful. The use of these drugs to treat symptoms which persist or which recur with frequency may also be dangerous, because the symptoms may warn of a more serious illness requiring professional diagnosis and treatment.

Self-medication may also describe the use of a prescription drug other than as prescribed, or by someone for whom it was not prescribed.

America has been called "the over-medicated society." The health of Americans can be enhanced by the variety and abundance of drug remedies available. Good health is threatened, however, when drugs are used wrongly or excessively.

### Drug Action and the Body's Reaction

At the same time a drug is acting on some function or part of the body, the human body is doing something to the drug. Normally, the body will limit the drug's duration of action and effectiveness and then excrete it. This normal function, called "detoxification," requires the proper performance of organs such as the liver, kidney, or lungs. If an individual cannot detoxify the drug--because his body is not reacting properly, because he has taken too much medication, or because of other complications--the drug's action may be much more prolonged and severe than desired.

Some drugs act by interfering with normal body functions, which must be restored to normal after the drug is stopped. If the misuse of drugs disturbs the delicate balance of the body's chemistry, the restoration of normal functions may be impeded.

### Over-Use of Drugs

OTC drugs are safe in the recommended dosage, but may be extremely dangerous in large overdoses. For example, aspirin is seldom thought of as dangerous; we reach for it routinely to soothe headache and other pains. But there are many reports of poisonings of young children who swallow more aspirin than their little bodies can handle.

In adults, continued, excessive use of some pain-killing drugs has been found to cause severe and irreversible kidney damage. Some drugs for relief of stomach upsets can aggravate the condition by causing an imbalance in the body's secretion of enzymes while other indigestion remedies contain bromide which can accumulate to a toxic level in the blood, causing bromide poisoning.

Over-medication of symptoms, such as continued use of laxatives to relieve constipation, may mask the underlying cause. Constipation may be a warning of a condition that requires prompt and professional medical or surgical attention.

## Combining Drugs

The combined effect of two or more drugs on the body can be very different from the action of each drug taken separately. Sometimes combining drugs can produce dangerous--even fatal--reactions. This is because each drug not only acts on the body, but may act upon and increase the effect of other drugs...a condition known as "potentiation." For example, aspirin potentiates (increases) the "blood-thinning" effect of an anti-coagulant. For that reason, a patient with heart disease who has been taking an anti-coagulant under his doctor's supervision, may risk the serious complication of hemorrhage if he uses aspirin whenever he gets a headache.

Patients who regularly take a prescription medication should seek and follow the doctor's advice in using OTC drugs. Pharmacists also know whether an OTC drug can be safely used in combination with the patient's prescription drug, or whether two or more OTC drugs can safely be taken in combination.

Alcohol is another substance that can potentiate the effect of a drug. Hypnotic drugs, such as sleeping pills, and antihistamines are examples of drugs that interact with alcohol producing potentially harmful results. Again, patients should seek professional guidance before combining alcohol with either prescription or OTC drugs.

## The Role of Government

One of the Food and Drug Administration's consumer-protection responsibilities is to assure that drugs are safe and effective for their intended uses. Federal law requires that drugs be properly labeled, with adequate directions for use in a specified condition. Prescription drug labeling must include all the information required by the doctor to prescribe for his patient. The package given to the patient, however, may carry only simple instructions, such as "take 2 before bedtime."

The labeling of over-the-counter drugs--and this may include the label on the package as well as a leaflet inserted in the package--must provide all the directions for use needed by the average person. This includes the conditions under which the drug should not be taken. The label may advise, for example, that the drug should not be given to infants, very young children, or the elderly.

## The Responsibility of the Individual

The hazards of self-medication result from carelessness, faulty self-diagnosis, and failure to heed the warnings and directions for use of the drug. The Food and Drug Administration enforces the law to protect you, but you can be your own best protection against harmful effects of self-medication. Follow these simple rules for your own safety:

| | |
|---|---|
| Don't be casual about taking drugs. | Do read and follow directions for use. |
| Don't take drugs you don't need. | Do be cautious when using a drug for the first time. |
| Don't overbuy and keep drugs for long periods of time. | Do dispose of old prescription drugs and outdated OTC medications. |
| Don't combine drugs carelessly. | Do seek professional advice before combining drugs. |
| Don't continue taking OTC drugs if symptoms persist. | Do seek professional advice when symptoms persist or return. |
| Don't take prescription drugs not prescribed specifically for you. | Do get medical check-ups regularly. |

FDA fact sheet

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Consumer Protection and Environmental Health Service
Food and Drug Administration
Washington, D.C. 20204

## MEDICINES: PRESCRIPTION AND OVER-THE-COUNTER

To some people, the word "drug" means narcotics, or perhaps some other special kind of medicine. Actually, however, all medicines are "drugs" under the Federal Food, Drug, and Cosmetic Act.

Under the law, drugs are divided into two classes: prescription drugs and over-the-counter drugs. Here is a brief discussion of these two classes of drugs and some suggestions on what to do and what not to do in using them.

### PRESCRIPTION DRUGS

When a drug can be used safely and effectively only under a physician's supervision, it can be sold only by prescription. It is a federal violation to sell such a drug without a prescription. Only medical doctors and dentists are licensed to prescribe drugs for human use, and only registered pharmacists may fill prescriptions. A prescription must be written by a physician or telephoned in directly by him.

Prescriptions are not meant to be passed around a family or traded with a neighbor. No one should take a drug prescribed for someone else, even if he thinks he has the same illness. An individual should not even take a drug prescribed for him during a previous illness without first checking with his physician. He may not have the same illness he had before, even though he thinks he has. The drug may have lost strength. Also, the organism that caused the disease may have developed resistance to the drug.

When taking any prescription drug, a patient needs to know:

- How often and when to take it;
- How much to take each time;
- When to check back with his physician on the drug's effects; and
- Any special instructions the physician has to give.

When the physician prescribes the drug, he will give his patient any necessary instructions. In the prescription itself he will also tell the pharmacist what to put on the label of the medicine. The patient should follow these instructions exactly. For example, it will not do to take a medicine after meals, if the doctor said to take it before meals. If the physician said to take the drug three times a day, he doesn't mean six times.

If the patient thinks his medicine is not doing what his physician intends, he should check with him promptly. The doctor may wish to change the dosage or to try another medicine.

(MORE)

## OVER-THE-COUNTER DRUGS

Many drugs are safe and effective for most people if used according to instructions that can be put on a label. These drugs may be sold "over-the-counter," that is, without a prescription.

These over-the-counter drugs must have labeling that tells how to use them for specific conditions, and warnings on what to avoid. Important information is often included in the package circular, which is regarded as part of the labeling. All the labeling should be read and followed exactly. It is always a good idea to check the label directions each time a medicine is used.

Typical warnings on a medicine will tell:

. . . how to use it safely

> Do not drive or operate machinery while taking this medicine.

> Do not apply to broken skin.
> Do not exceed recommended dosage.

. . . when to stop taking it

> Discontinue use if rapid pulse, dizziness, or blurring of vision occurs.

> WARNING
> If pain persists for more than 10 days or redness is present, or in conditions affecting children under 12 years of age, consult a physician immediately.

Although over-the-counter drugs can be sold without prescription, this does not mean they should be bought and used indiscriminately. They should be used only for minor ailments that last a short while. The person who constantly doses himself with over-the-counter pills could be suffering from a serious disease. The drug he takes might do no more than relieve his symptoms. He might think he is getting better, when actually his ailment is growing and spreading.

No one should become a steady user of any drug except on his physician's advice.

Division of Consumer Relations
Bureau of Education and Voluntary
Compliance

FDA fact sheet

U S DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Consumer Protection and Environmental Health Service
Food and Drug Administration
Washington, D C 20204

# SOME QUESTIONS AND ANSWERS ABOUT FOOD ADDITIVES

1. What are food additives?

Food additives are any substances added to foods to perform one or more specific functions.

2. Why do we use additives in our modern foods?

Man has added to his knowledge of food improvement and preservation for thousands of years. Without modern additives we would not have the quality and quantity of food now necessary to feed our Nation's citizens. Also, food preparation is moving rapidly from the home kitchen to the food "factory," and storage time is longer. Proper and safe additives are necessary to keep our foods safe, pure, and wholesome.

3. What do these additives do?

Enhance flavor. Examples are spices and natural and synthetic flavors.

Stabilize and thicken. Starch, pectin, gelatin, gum arabic, agar agar, and methyl cellulose are among those used.

Neutralize or alter acidity or alkalinity. Quality production of many types of baked goods, soft drinks, and confectionery requires this.

Prevent oxidation and spoilage. People have long used salt, sugar, vinegar, heat, freezing, smoke, and spices to prevent or delay food spoilage. Modern science has developed preservatives such as sodium and calcium propionate (produced naturally in Swiss cheese) to retard the growth of bread molds, and BHT (butylated hydroxytoluene) and BHA (butylated hydroxyanisole) to retard the oxidation that allows fats and fatty foods to become rancid.

Other additives retain moisture, add nutrients such as vitamins and minerals, mature and bleach flour, increase volume and smoothness, and act as propellants for food in pressurized cans.

Additives are also used for hardening, drying, coloring, leavening, anti-foaming, non-caloric sweetening, disease prevention, creaming, firming, anti-sticking, whipping, and sterilizing.

4. Are these additives safe?

The Food and Drug Administration (FDA) is charged with insuring that our foods are safe, pure, wholesome, and made under sanitary conditions. FDA is responsible for establishing rigid safety standards for additives in foods. Not only must the additive be proved safe in normal use, but also safe when small amounts are consumed over a lifetime.

Any additive could be harmful in some amount or under some circumstances. This would be true, for example, of such common additives as sugar and salt, which are quite safe in ordinary amounts for healthy people. The consumer should be interested in the safety of the amount allowed; he need not be concerned about some larger amount that FDA does not allow.

Many persons question modern additives because the additives do not yet have simple, common names, and because they are not added in home cooking. Consumers should learn not to be alarmed by the word "chemical."

Proteins, fats, and carbohydrates are complex chemical compounds. We casually use in our kitchens, salt, baking powder, vinegar, soda, cornstarch, cream of tartar, and water without thinking that we are using sodium chloride, calcium acid phosphate, acetic acid, sodium acid carbonate, amylum, potassium bitartrate, and hydrogen oxide.

5. How much of these additives are allowed in our foods?

The amounts vary, depending on the type of food, the additive's safety, and the least amount needed to accomplish the desired result. FDA's modern laboratory equipment can establish tolerances in minute amounts and check these amounts with a degree of accuracy unknown just a few years ago. For example:

| Additive | Amount Allowed |
|---|---|
| Sodium or calcium propionate | 3/100 of 1 oz. for each 1 lb. loaf of bre |
| BHT or BHA | 50 parts per million in dry cereal* |

*FDA scientists estimate that if BHT or BHA were used at the maximum level in all foods in which it is authorized, the maximum daily intake would be about 4 parts per million (ppm). Actual usage is substantially less.

How much is 4 parts per million?

4 ppm equals 128/1000 of 1 oz. for each ton of food, or

4 ppm of all the food a person might eat in a normal lifetime would equal about four mouthfuls.

FDA fact sheet

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Consumer Protection and Environmental Health Service
Food and Drug Administration
Washington, D.C. 20204

## SOME QUESTIONS AND ANSWERS ABOUT MEDICINES

1. Are medicines bought over-the-counter as good as the ones a doctor prescribes?

Both prescription and over-the-counter medicines must meet high standards of strength, quality, and purity. The present provisions of the food, drug, and cosmetic laws set different standards for effectiveness of drugs, depending on the date they were first introduced to the market. In general, however, all drugs must be effective to treat the conditions the labeling claims they can. Over-the-counter drugs should be used only for minor illnesses that last a short time. A physician should be consulted about any major illness or even a seemingly minor one that persists.

2. Can consumers trust the claims made for medicines in newspapers and on radio and television?

The Food and Drug Administration is responsible for (1) the safety and effectiveness of drugs and (2) the truth of advertising claims made for prescription drugs, which are advertised only to physicians and other medical practitioners. The Federal Trade Commission is concerned with the truth of claims made in advertising over-the-counter medicines in newspapers and on radio and television. The Federal Communications Commission also exercises some control over radio and television commercials. Since each of the three agencies operates under a different act of Congress, there are differences in enforcement philosophy and methods. In general, however, all agencies require that advertising material be related to labeling claims and be reasonably truthful. If an individual has any questions about the effectiveness of any over-the-counter medicine as claimed in an advertisement, he should consult his physician. If he believes the advertising of any such drug is false or misleading, he should contact the Federal Trade Commission.

3. Are pills for weight reduction safe and effective?

No drug will "melt away" fat. Weight control--unless complicated by illness--is a matter of reducing the intake of calories below the number of calories used up by the body. Vitamin pills are not effective in weight reduction and, at best, only contribute to good nutrition if the diet is being drastically reduced. Some drugs--in relatively large doses--help curb the appetite. A physician should prescribe them and carefully supervise their use. A person who needs to lose more than a few pounds should see a physician and follow his instructions.

4. Will drugs deteriorate if stored a long time?

Many drugs deteriorate and may become ineffective or even dangerous when stored a long time. A person should date all over-the-counter drugs when he buys them. The pharmacist will date prescription drugs. Some medicines bear an expiration date and should be discarded when that date is reached. In general, if a person is in doubt about the usability or freshness of any drug, he should throw it away.

5. How much of any one medicine should a person buy at one time?

Medicines and health supplies should be bought in realistic quantities. In the case of prescription medicines, the physician will decide how much should be bought at one time. In buying over-the-counter drugs, some considerations should be: How often is the product used? How much is used each time? How many persons in the same household use the product?

6. What do the symbols U.S.P. or N.F. signify when they appear on a drug label?

U.S.P. stands for the United States Pharmacopeia, and N.F. for the National Formulary. These books contain the official standards for strength and purity for various drugs recognized by the U.S.P. and N.F. conventions. These conventions are made up of experts in the fields of medicine, pharmcology, and other sciences, and are held every 5 years to determine what drugs should be recognized. The Federal Food, Drug, and Cosmetic Act recognizes the standards of the U.S.P. and the N.F., and these symbols on a drug label indicate that the drug complies with all provisions of the Pharmacopeia or Formulary.

7. Does the FDA have control over drug prices?

No. There is no federal regulation of drug prices.

8. Can I use someone else's prescription medicine if I have the same symptoms?

No. Doctors prescribe medicine according to individual needs. Certain medicines are available only by prescription because expert, professional judgment is necessary to determine when they should be used.

## Evaluation of Health Information

### Quackery

### Film: "Once Upon A Time"

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| View film "Once Upon A Time" | The student should be able to state which agencies investigate charges of quackery and what action can be taken. |
| Read material on Ruth Drown and if interested read the entire story at home--"The Gadget Room", Chapter 12, in The Medical Messiahs, by James H. Young. | The student should be able to state how an individual may report an incident which he feels involves questionable practices. |
| Participate in discussion on the legal aspects of quackery. | The student should be able to develop criteria for evaluating consumer health information. |
| Participate in developing criteria to be used by any consumer in evaluating health information.<br><br>Save a copy of these criteria as they will be used in a later activity. | |

## Evaluation of Health Information

## Quackery

## Student Activity: The Ruth Drown Case

The Hawaian Eye film, "Once Upon a Time", was based on the following true story.

Ruth B. Drown, a chiropractor practicing in California claimed to have invented machines that could diagnosis and cure various illnesses by analyzing blood counts and temperatures. All afflictions including cancer, were to be treated and cured by her machines once the correct "wave length" was diagnosed.

Ruth Drown declared that her device, utilizing a blood spot sample, would broadcast "healing waves to the patient from great distances."

In 1951, she was brought to trial as a result of the death of a woman suffering from cancer who had been undergoing the Drown treatment. The court found her guilty and she was fined $1,000.00, the judge ruling that false claims were being attributed to her machine "The Drown Radio Therapeutic Instrument."

The conviction only prevented interstate distribution of her equipment. Ruth Drown and her chiropractor daughter continued to treat patients from a Hollywood office. Both they and a woman employee of theirs were subsequently indicted on grand theft charges, in 1963, for diagnosing and treating patients for non-existing diseases with worthless electric instruments.

Ruth Drown died in 1965, but her daughter and the employee were convicted. The judge, in his ruling, affirmed that they knew about the inability of the machines to diagnosis or effect cures and that their actions were dishonest and dangerous.

## Evaluation of Health Information

### Quackery

### Consumer Education

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Following is a suggested list of topics to be explored. Select an area of interest. The FDA Fact Sheets are in the student manual. Information acquired from these articles will then be presented to the class in a short discussion, 2 to 3 minutes.<br><br>Present your report to the class. | The student should be able to state the major problems, fallacies commonly associated with the area he has investigated, e.g., the use of different brands of aspirin. |

## Evaluation of Health Information

## Quackery

## Topics and Resource Material

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A. Major Types of Quackery (includes examples of each)

Source: Food and Drug Administration Fact Sheet: "Quackery"

B. Techniques Used by Advertisers in Selling a Product (two students)

Source: 1. Vance Packard, The Hidden Persuaders, available in paperback or in the library. Select any chapter of interest.

2. "Consumer Motivation," Consumer Reports, June 1957, Pages 299-301.

Evaluation of Popular Products--Discuss the major points in the appropriate article.

| | PRODUCTS | SOURCE | PAGES |
|---|---|---|---|
| C. | Aspirin | The Medicine Show, Consumers Union | 12-15 |
| D. | Cold Remedies | The Medicine Show, Consumers Union | 16-22 |
| E. | Cough Remedies | The Medicine Show, Consumers Union | 23-26 |
| F. | Vitamins | The Medicine Show, Consumers Union | 90-92 |
| G. | Acne | The Medicine Show, Consumers Union | 121-127 |
| H. | Food Fads | The Medicine Show, Consumers Union | 84-89 |
| I. | Deodorants | The Medicine Show, Consumers Union | 161-167 |
| J. | Mouth Odor Fallacy | The Medicine Show, Consumers Union | 167-169 |
| K. | Gargles for Sore Throats | The Medicine Show, Consumers Union | 27-29 |
| L. | Indigestion | The Medicine Show, Consumers Union | 43-45 |
| M. | Problems of Self Medication | The Medicine Show, Consumers Union Sheet: "Self Medication" | |

CONSUMER EDUCATION

TOPICS & RESOURCE MATERIAL

(CONTINUED)

| PRODUCTS | | SOURCE |
|---|---|---|
| | | Discuss the problems which can arise from self medication, i.e. the use of a drug without a prescription for an ailment which you yourself have diagnosed. |
| N. | Evaluation of a Commercial Slogan | The New Republic, August 15, 1970<br><br>Read the article on the Excedrin commerical. What is the major fallacy with the commercial slogan, "tests conducted at a famous hospital have proven two Excedrin contain twice as much pain reliever as four of the best selling aspirin." |
| O. | What are the major problems with the existing legal controls against quackery? | Chapter 12, "The Outright Quacks," The Medicine Show, Consumers Union |
| P. | Medicines: Prescription and Over the Counter | Food and Drug Administration Fact Sheet |
| Q. | "Some Questions and Answers about Dietary Supplements" | Food and Drug Administration Fact Sheet |
| R. | "Some Questions and Answers about Food Additives" | Food and Drug Administration Fact Sheet |
| S. | "Some Questions and Answers about Medicines" | Food and Drug Administration Fact Sheet |
| T. | Legal Controls Against Quackery<br><br>Two students split assignment. What agencies are involved in consumer protection? Do you think the consumer is adequately protected? Why or why not. | |

THE NEW REPUBLIC

# Excedrin's Headache

For the past year David Janssen, remembered as "The Fugitive's" innocent doctor on the run, has been appearing in a televised Excedrin commercial in which he says "tests conducted at a famous hospital" have proven "two Excedrin contain twice as much pain reliever as four of the best selling aspirin." City buses carry Excedrin ads headlined "Aspirin isn't best any more"; full-page newspaper ads announce, "For 70 years, aspirin has been good enough. But now it's time to try Excedrin." Last month the Center for the Study of Responsive Law (which produces the Nader Reports on governmental and industrial nonfeasance) filed a class action suit against Bristol-Myers, charging that B-M's Excedrin ads are "false, misleading and deceptive." If you believe these ads, says the Center, you're paying a lot more than necessary for pain relief. One hundred Excedrin costs $1.12 (in the drugstore we checked), a hundred Bayer aspirin 74 cents, and 1000 of the drugstore's brand sells for 99 cents. In buying a famous brand name, you're really subsidizing the company's huge advertising budget; in 1968, Bristol-Myers spent $0.3 million on Excedrin promotion.

Bristol-Myers has had a good deal of experience in fighting off attacks on the integrity of their advertising. They've kept the Federal Trade Commission tied up in court since the early sixties with a similar case. Both the FTC and the Nader group have questioned the validity of Excedrin's "famous hospital study." The study was actually an examination of post partum pain, the pain suffered by women after childbirth. Obviously David Janssen couldn't talk about something like that in prime time in front of 125 million people. So Bristol-Myers just called it plain old pain. In March of this year NBC decided that was dishonest and banned the Janssen Excedrin commercial. In turn, Bristol-Myers quit buying time on NBC. In defending this action, Bristol-Myers told *Advertising Age* the commercial "is an accurate and truthful summary of a fine clinical study done by reputable and expert scientists."

The scientists are Drs. John P. Emich and Richard H. Schwarz of the department of obstetrics and gynecology at Philadelphia General Hospital. In their report, "A Dose Response and Relative Potency Study of Two Non-Narcotic Analgesics," the doctors say, "all patients were interviewed at their bedside by the research team which consisted of a graduate nurse specially trained in interview techniques and, on occasion, one of the physicians responsible for patient care." The questions were "both simple and meaningful – Do you have pain now? Where is your pain? Is it heavy, medium or light? These are representative of the questions asked." The patients' answers to these questions (data) were run through an IBM 360 computer and the results graphed as "Percentage PID: average pain intensity difference as a percentage of starting pain." According to the graphs, some patients got 34 percent relief from Excedrin or whatever they took, others 57 percent relief and so on. One might reasonably wonder how personal pain could be measured with such statistical, computerized precision. Classical studies of pain have been less ambitious, trying only to establish the "threshold of pain," the point at which pain initially occurs. After studying their pain print-outs and PID graphs, Drs. Schwarz and Emich concluded Excedrin to be the most effective post partum pain pill. The Responsive Law group asked an independent authority to examine the Philadelphia Hospital study. They called it a "gross statistical fraud."

As the case winds to the Supreme Court, Bristol-Myers will have to argue they didn't deceive anyone by simply saying pain rather than post partum pain. Contacted at Philadelphia General recently, Dr. Emich was asked whether his study could be used as evidence that Excedrin is the best thing you can buy for headaches, toothaches or any pain other than post partum. Dr. Emich said the study was performed on a "population complaining of post partum pain, this pain being entirely different from anybody's headache." "Do I think that you can compare the discomfort of uterine cramps or the pain after delivery? I really don't know whether you can or not because you're dealing in different pain systems. If you had a pain in your gut I would defy you to compare it to a pain in your head. It's like looking at apples and oranges." Then what about the Excedrin ad? "You're talking of something that I completely wipe my hands of."

## Evaluation of Health Information

## Quackery

## Sources of Health Information

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Poster evaluation | The student should be able to use criteria development to evaluate consumer health information. |

## Evaluation of Health Information

## Quackery

## Student Activity

**Evaluate the posters displayed in the classroom using the criteria developed. Prepare your evaluation for classroom presentation.**

AND/OR

**Development of an advertisement**

**Working in groups of two to three students, plan an advertisement of a health product of your choice, (either an actual product on the market or an imaginary product which you have created.) As the promoters of the product, you want to develop the most effective advertisement in order to increase sales.**

**State the advertisement in the class. Other members of the class will evaluate your advertisement in terms of its effectiveness and scientific validity.**

**Gather posters or media advertisements of health products. Evaluate each poster in terms of its validity and effectiveness.**

### Objectives

**The student will be able to develop and evaluate all advertisements of a health product**

### Guidelines

1. **Name, title, and background of promoter. (Is the title professionally recognized and legitimate?)**
2. **Product**
   a. **Components and pharmacologic action of each component.**
   b. **Medical condition for which product is used.**
   c. **Instructions for use.**
   d. **How patient receives products, e.g. through mail.**

3. Method of initial diagnosis of medical condition, e.g. through mail, or by patient, or by M.D.

4. Method of post-treatment diagnosis. (Does the patient himself decide that he is "cured?"

5. Medical problem

   a. Accepted medical treatment

   b. Proposed treatment by product--scientific validity.

   c. Comparison of accepted medical treatment and treatment proposed by product promoter.

6. Potential harm from proposed treatment.

## Evaluation of Health Information

### Quackery

### Supplementary Activities

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Assigned readings on quackery. | The student should be able to evaluate health information using at least five criteria. |

## Evaluation of Health Information

## Quackery

## Supplementary Activities

Read "The Curry Cancer Cure"* and evaluate the recommended cure.

### Guidelines

1. Promoter of product
2. Professional title and educational background
3. Name of product
4. Medical conditions for which product is used
5. How is product used?
6. Who diagnoses the medical condition? (e.g., patient himself, product promoter.)
7. Who determines if the patient is "cured?"
8. How does the patient get the product? (e.g., drugstore, mail order.)
9. What is the accepted medical treatment for this condition?
10. Compare the accepted treatment with the proposed treatment.
11. Could use of the product be potentially harmful to the patient?

Read "Death Be Not Proud" by John Gunther.

The student will be able to discuss:

1. The reasons why quackery and folk medical practices are perpetuated.
2. Possible implications of utilizing unreliable or unproven sources of medical information or treatment.

* American Medical Association--Nostrums and Quackery

## MODULE I

## ORIENTATION TO THE HEALTH CARE SYSTEM

### Unit 3: Community and Individual Responsibility in Providing and Utilizing Medical Care

Objectives

1. The student should be able to distinguish between individual and community preventive health responsibilities.

2. The student should be able to analyze the effect of a given health problem in terms of the individual and the community.

3. The student should be able to describe the importance of community involvement as it relates to health needs and services.

4. The student should be able to describe the relationship between increased health care services and the proliferation of jobs in allied health occupations.

## THE HEALTH CARE SYSTEM

### Community and Individual Responsibility in Providing and Utilizing Medical Care

### Topic Outline

I. Health as an individual concern and responsibility
   - A. Prevention
   - B. Seeking competent aid for health needs

II. Community concern and responsibility
   - A. Health services
   - B. Environmental health standards

III. Governmental concerns and responsibilities
   - A. Economic effects of ill health
   - B. Political responsibility
   - C. Social concerns

## Community and Individual Responsibility in Providing and Utilizing Medical Care

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Class discussion. | The student should be able to state one effect of a given health problem in each of the following areas:<br><br>1. Individual<br><br>2. Family<br><br>3. Community |

## Community and Individual Responsibility in Providing and Utilizing Medical Care

### Rubella

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Review work sheet.<br><br>View film: "Rubella."<br><br>Answer questions on work sheet.<br><br>Discussion. | 1. The student should be able to define "preventive measure."<br><br>2. The student should be able to state three reasons why prevention is cheaper than treatment. |

## Community and Individual Responsibility in Providing and Utilizing Medical Care

### Rubella

### Student Activity

Students will answer the following questions after viewing the film "Rubella."

1. Rubella is a communicable disease. In what age group is the disease most commonly found?

2. Which group in the population would have serious problems as a result of contracting the disease?

   What could happen?

3. Is this a preventable disease? _____

   If the answer is yes, how is it prevented?

4. Name two extra services the community must provide to help those damaged by this disease.

## Community and Individual Responsibility in Providing and Utilizing Medical Care

### Venereal Disease

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Class discussion and/or film. | The student should be able to name the two most prevalent venereal diseases and tell a danger associated with each.<br><br>The student should be able to describe two areas of personal responsibility in relation to VD.<br><br>The student should be able to name two sources of help for those who think they are infected. |

## Community and Individual Responsibility in Providing and Utilizing Medical Care

### Library Assignment

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| In groups of two, students will research a given health problem and develop a five minute class presentation (guidelines given). | The student should be able to demonstrate knowledge about: a particular health problem, its personal effects, and resources available for help. |

## Community and Individual Responsibility in Providing and Utilizing Medical Care

### Student Activity

**Library Assignment: A Public Health Problem**

Pairs of students will develop a five minute presentation about a health problem, which can include drawings, posters or graphs. This presentation must include the following points:

1. Description and extent of the problem
2. Preventive measures that could be taken (if possible)
3. Effect on the individual and his family
4. Resources available for help

Suggested topics:

1. Alcoholism
2. Car accidents
3. Suicide
4. Drugs
5. Teenage pregnancies (unwed mothers)
6. Infant mortality
7. Tuberculosis

## Community and Individual Responsibility in Providing and Utilizing Medical Care

### Supplementary Activity

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Students role-play improvisations suggested by teacher, or students will develop their own situations. | Student should be able to name appropriate source for health care. |

## MODULE I

## ORIENTATION TO THE HEALTH CARE SYSTEM

### Unit 4: Components and Problems of the Health Care System

Specific health facilities were mentioned in the previous unit as they related to the health problems under discussion.

This section reviews the various health care facilities and the kinds of services they provide. Present problems in delivering good health care to all, such as: inadequate integration of facilities, unavailability of service, financing and manpower shortages, are examined in conjunction with new approaches and ideas for solutions.

## THE HEALTH CARE SYSTEM

### Components and Problems of the Health Care System

### Objectives

1. Name the types of facilities available in his community.
2. Identify a community need.
3. Describe the relationship between manpower shortage and needed services.
4. State the role of a community action group.

# THE HEALTH CARE SYSTEM

## Components and Problems of the Health Care System

## Topic Outline

I. Introduction - The Health Care Delivery System

- A. Organization of the Health Care System
- B. Components of the Health Care System
- C. New Patterns of Health Care

II. Background of the Health Care Crisis

- A. Manpower and Facilities
- B. New Programs
- C. Increased Demand

III. Problems of the Present Health Care Delivery System

- A. Manpower
- B. Facilities
- C. Inefficient Planning and Duplication of Services
- D. Inefficient Utilization of Resources
- E. Fragmentation of Services
- F. Spiraling Costs of Health Care

IV. Approaches to the Problems of the Health Care Delivery System

- A. Manpower Shortage
- B. Inadequate Facilities to Meet Demand
- C. Inefficient Planning and Duplication of Services
- D. Fragmentation of Services
- E. Cost of Medical Care

V. Health Insurance

- A. Spiraling Costs
- B. Coverage Gap
- C. Types of Plans

Glossary from American Hospital Association,

Permission to use applied for.

TAKEN FROM: Classification of Health Care Institutions 1968 Edition American Hospital Association

# /glossary of terms

**Activities of Daily Living** . . . . . Getting out of bed, bathing, dressing, eating, walking, and taking of medications prescribed for self-administration

**Adaptive Services** . . . . . Health-related services provided on a nonresident basis (nonresident health-related services were included in the classification for future definition)

**Continuous** . . . . . Available at all times without cessation, break, or interruption

**Direction** . . . . . Authoritative policy or procedural guidance for the accomplishment of a function or activity

**Facilities** . . . . . Those objects, including plant, equipment, and supplies, necessary for implementation of services by personnel

**Governing Authority** . . . . . The individual, agency, group, or corporation, appointed, elected, or otherwise designated, in which the ultimate responsibility and authority for the conduct of the institution is vested

**Health-Related Services** . . . . . Services other than medical pertaining to protective, preventive, and personal services performed by qualified personnel

**Inpatient Beds** . . . . . Accommodations with supporting services (such as food, laundry, housekeeping) for patients who generally stay in excess of 24 hours

**Institution** . . . . . A public or private establishment set up so that a certain continuance is assured; an established society or corporation; also, a building or buildings occupied by such an organization

**Licensed Graduate Nurse** . . . . . A nurse who is a graduate of an approved school either of professional nursing or of practical nursing, and who is licensed to practice

**Maintain** . . . . . To keep in a state of efficiency

**Medical** . . . . . Of, or pertaining to, or dealing with, the healing art or the science of medicine

**Medical Services** . . . . . The services pertaining to medical care that are performed at the direction of a physician in behalf of patients by physicians, dentists, nurses, and other professional and technical personnel

**Nursing Services** . . . . . Those medical services pertaining to the curative, restorative, preventive aspects of nursing care that are performed and/or supervised by a registered professional nurse at the direction of a physician

**Organized Medical Staff** . . . . . A formal organization of physicians (and dentists where appropriate) with the delegated authority and responsibility to maintain proper standards of medical care and to plan for continued betterment of that care

**Personal Care Services** . . . . . Those health-related services that include general supervision of, and direct assistance to, individuals in their activities of daily living

**Physician** . . . . . A physician with an unrestricted license to practice

**Registered Professional Nurse** . . . A nurse who is a graduate of an approved school of professional nursing and who is licensed to practice

**Resident Beds** . . . . . Accommodations with supporting services (such as food, laundry, housekeeping) for residents who generally stay in excess of 24 hours

**Sheltered Care Services** . . . . . Those health-related services that include provision of general supervision and protection, with only occasional direct personal care services, to individuals who are in need of a protective environment but are otherwise able to manage the normal activities of daily living

**Supervision** . . . . . Direct overseeing and inspection of the act of accomplishing a function or activity

## Components and Problems of the Health Care System

### Optional Activity

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| 1. Visit the health department or view film.<br>2. Ask, answer questions, regarding film content.<br>3. Enter into discussion concerning film.<br>4. Mention services (facilities) within community not shown in film.<br>5. Write up in handbook or develop worksheet a brief description of facilities seen in film and/or previously described facilities.<br>6. Begin terminology file. | 1. Student should be able to identify major facilities within the greater Los Angeles area.<br>2. Student should be able to identify services furnished by above facilities.<br>3. Student should be able to recall new terms learned in course of this activity (specified by teacher.)<br>4. Student should be able to list and define new terms. |

## Components and Problems of the Health Care System

### Use of Map for Facilities Location

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| 1. Use map tacks. Students will be able to pinpoint major community facilities on blow-up. | Student should be able to recall the kinds of services available at facilities witnin their community. |
| 2. Duplicate simple diagram of blow-up on individual basis. | Student should be able to recall locations of above facilities. |
| 3. Make simple stick drawings to denote kinds of services available at facilities. | Students should be able, by comparing greater LA facilities, to discern facilities lacking in their community. |

## Components and Problems of the Health Care System

## Geriatric Population and Facilities

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Will answer questions concerning facilities for geriatric population. | Should be able to recall some institutions specifically geared for geriatric population. |
| Will add terms to terminology list. | Should be able to list some problems peculiar to the geriatric population. |
| Will recall some personal experiences regarding elderly relative. | Should be able to pinpoint areas of care specific for geriatrics. |
| List stressed points in class at facility, take notes on same stressed points. | |
| Same as for preparation for field trip. | |

## Components and Problems of the Health Care System

## "Health in America"

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| 1. View documentary CBS Reports, "Health in America." | The students should be able to relate some of the problems of the present health care delivery system. |
| 2. Discuss documentary | |

## Components and Problems of the Health Care System

## Hunger in America

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| 1. View film. | The student should be able to state that there are problems of malnutrition and hunger in the U.S.A. |
| 2. Participate in discussion | The student should be able to list at least two effects of hunger and malnutrition on the individual, such as loss of productivity and illness.<br><br>The student should be able to name the major governmental food programs and list problems with each program. |

## Components and Problems of the Health Care System

## Student Activity

1. View Film

2. Participate in discussion. Discuss government food program and problems associated with them.

   A. Food Stamps

   B. Commodity Distribution

   C. Farm Subsidies

Supplemental reading: Hunger, U.S.A.--A Report by the Citizens Board of Inquiry into Hunger and Malnutrition in the United States. Beacon Press, Boston, 1968. (1.95)

## Components and Problems of the Health Care System

### Supplementary Activities

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Read "John O'Connor: The Cost of Cure," in Five Patients, The Hospital Explained, by Michael Crichton, Alfred A. Knopf, New York, 1970.<br><br>Read CBS Reports, "Don't Get Sick in America" Schorr Daniel, Aurora. | The student should be able to discuss new methods of diagnosis and its impact on delivery of health care. |

## Components and Problems of the Health Care System

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Problems of the Health Care Delivery system exercise. | The student should be able to list and describe the major problems of the present health care system.<br><br>The student should be able to describe the relationship between increased demand for health services and the increased need for manpower and facilities. |

## Components and Problems of the Health Care Care System

### Student Activity

1. On the basis of your own experience, list what you consider to be the major problems of the health care system, (e.g., inability to see a doctor).

2. Examine the diagrams in which different aspects of the health care system are shown. For each diagram list the problem(s) which you believe relate to the health care delivery system. Suggest ways of correcting that problem. (The instructor will give you an example)

3. Prepare posters illustrating problems of the Health Care System such as: manpower shortage, overcrowding of facilities, duplication of facilities, fragmentation of services, etc.

4. Read one or more of the following articles from the Saturday Review. On the basis of your reading, list problems of the present health care system. Suggest ways of eliminating each problem.

   Saturday Review, April 22, 1970. "Health Care Rx for Change" "The Healthiest Nation Myth," "Where Doctors Fail," "Solving the Doctor Shortage," "The Case for National Health Insurance."

## Components and Problems of the Health Care System

### Manpower Needs

| Type of Workers | Present No. | Present Shortage | Projected No.-1975 | Projected Shortage-1975 |
|---|---|---|---|---|
| Nurses (Reg.) | 621,000 | 69,000 | 816,000 | 184,000 |
| Practical Nurses | 320,000 | 55,000 | 546,000 | 4,000 |
| Other Nurses | 775,000 | 65,000 | 1,000,000 | 75,000 |
| Workers (At least B.S. Degree) | 175,000 | 50,000 | 270,000 | 93,000 |
| Workers (Less than B.S. | 276,000 | 60,000 | 400,000 | 88,000 |

| | (National Average /100,000 pop) | Calif. | New York | Mass. | Ala. | Miss. |
|---|---|---|---|---|---|---|
| Doctors | 131 | 161 | 199 | 181 | 75 | 69 |
| Nurses | 313 | 312 | 408 | 532 | 168 | 157 |
| Dentists | 46 | 62 | 67 | 61 | 29 | 25 |
| Pharmacists | 62 | 57 | 75 | 104 | 46 | 44 |

| | Number of Physicians/100,000 People |
|---|---|
| Greater Metropolitan | 175 |
| Lesser Metropolitan | 125 |
| Adjacent to Metropolitan | 75 |
| Isolated semi-rural | 80 |
| Isolated rural | 49 |

Within any one urban area, there are wide gaps in the availability of health care to the people. The reasons for the gaps are location of hospitals, economic plight of people, which doesn't encourage physicians to practice in those areas and racial barriers. Below are examples of the pattern of health care that exist in Los Angeles County.

CONTINUED

CONTINUED

| Health District | No. Physicians 100,000 people | No. Acute Beds 100,000 people | No. Extended Care Beds 100,000 people |
|---|---|---|---|
| Alhambra | 91.3 | 160.4 | 584.5 |
| Central | 354.7 | 129.9 | 889.5 |
| East Valley | 54.2 | 107.0 | 350.7 |
| El Monte | 20.2 | 93.1 | 558.5 |
| Hollywood-Wilshire | 222.6 | 444.9 | 383.8 |
| Northeast | 143.4 | 157.9 | 441.5 |
| Pasadena | 285.2 | 532.1 | 1269.3 |
| San Fernando | 81.4 | 292.3 | 669.6 |
| South | 47.8 | 80.0 | 20.8 |
| South East | 43.5 | 420.8 | 91.3 |
| South West | 56.6 | 104.1 | 295.8 |

## THE HEALTH CARE SYSTEM

### Manpower Needs

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Work several problems on the health manpower needs.<br><br>Discussion | The student should be able to perform simple arithmetic procedures.<br><br>(a) Addition<br><br>(b) Averages<br><br>(c) Percentages<br><br>The student should be able to tell why it would be misleading to only use averages when discussing manpower needs in different states. |

## THE HEALTH CARE SYSTEM

### Manpower Needs

### Supplementary Activity; Simple Arithmetic

Let us examine the average number of doctors/100,000 people for five different states.

| | |
|---|---|
| California | 161 |
| New York | 199 |
| Massachusetts | 181 |
| Alabama | 75 |
| Mississippi | 69 |

The average for all fifty states in the U.S. is 131 doctors/ 100,000 people.

1. Take the average of only Alabama and Mississippi.

   ANSWER:

2. Now average the figures for Massachusetts and New York.

   ANSWER:

3a. Does the national average of 131/100,000 give an accurate picture of medical care on each individual state?

   ANSWER:

b. What can you conclude about the medical care in Alabama and Mississippi, as compared to that in New York and Massachusetts?

   ANSWER:

## THE HEALTH CARE SYSTEM

### Manpower Needs

### Student Activity

**Simple Arithmetic Problems**

Manpower figures show shortage of health workers continuing. For example:

1. 1971 - there are 621,000 registered nurses, yet there is a need for 690,000 registered nurses. How many nurses are needed right now?

2. If there are 21,000 nurses and the need is for 690,000, in terms of percent:

   a) What percentage of the total number needed do we have?

   b) What percentage do we lack?

3. The present number of non-college health workers is 276,000; 60,000 more are needed. In 1975 there are expected to be 400,000 health workers and 88,000 more will be needed.

   a) What is the <u>total</u> number of non-college health workers needed now?

   b) Needed in 1975?

THE HEALTH CARE SYSTEM

Manpower Needs

Health Insurance

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Insurance Brochures<br><br>1. Assigned activity on health insurance | The student should be able to list and briefly describe the main types of health insurance plans presently available in the United States. |
| 2. Health Insurance Exercise | The student should be able to select a health insurance plan in which he would enroll as a potential employee.<br><br>The student should be able to describe briefly the major types of national health insurance plans that are proposed in the United States. |

## THE HEALTH CARE SYSTEM

### Manpower Needs

### Student Activity: Health Insurance

1. As an employee of a hospital you must select a health insurance plan in which to enroll yourself and your family. You are given the following brochures:

   Blue Cross

   Blue Shield

   Kaiser Foundation Medical Plan

   Which plan would you select?

   List the reasons why you selected the plan and why you did not select an alternate plan.

2. Panel Discussion: (Optional)

   Topics:
   1. Pros and cons of a prepaid comprehensive health insurance plan such as that offered by Kaiser Foundation versus a plan such as Blue Cross.
   2. National Health Insurance Plans

      Nixon Plan - National Health Insurance Standard Act

      Family Health Insurance Plan

      Kennedy Plan Health Security Act

      American Medical Association Plan, "Medicredit," or any of the other proposed plans.

      Student research is required to prepare for panel presentations.

Suggested Reference: "National Health Insurance," from Perspective The Blue Cross Magazine, first quarter, 1971

# MODULE II

## MEETING THE NEEDS OF THE PATIENT THROUGH THE HEALTH CARE SYSTEM

## CASE I

## PHYSICAL EXAMINATION

### Purpose

To introduce the student to the basic body systems and the ways they function.

To demonstrate how normal functioning of each system is essential for the maintenance of health.

To stress the importance of a periodic physical examination as a tool for maintenance of health.

To provide the student with the opportunity to handle equipment and instruments and to perform specific tasks using this equipment.

### Objectives

The student should be able to name the major tasks performed by each health professional discussed in the case.

The student should be able to perform tasks specified within the framework of the case.

The student should be able to state the reason for each part of the physical examination.

The student should be able to identify the equipment and instruments required for performing the physical examination.

## CASE I

## PHYSICAL EXAMINATION

**Health Problem:**

Physical examination required for trying out for a school football team.

**Facility:**

Private medical doctor or school doctor

### Profile

John is a tenth grade student. To his delight, his physical education instructor recently suggested that he try out for the high school football team. First, he was required to obtain the consent of his parents and then to have a physical examination performed by either a private doctor or the school doctor. John made an appointment with the school doctor for a check-up.

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma___
Two Year College Degree___
Four Year College Degree___
Graduate Degree___

AND/OR

Work Experience Needed ___None ___One Year ___Two or More Years
State Licensure___
State Certification___
Special Credential Needed___
(e.g., Teaching Credential)

## PHYSICAL EXAMINATION

### Student Activity - Role Playing I

### Worksheet

Students will role play the following situation. Using the form below, the class will rate the student acting as receptionist.

I. Situation I

A. Problem - Filling out forms

B. Personnel - Receptionist and patient

1. Receptionist Role

a. Greet patient

b. Find out what the patient wants

c. Issue forms to be completed

d. Assist as much as possible

2. Patient Role

a. State reason for coming

b. Ask receptionist for help often

c. Leave some diseases unmarked as if you did not understand the meaning.

Rating

| Receptionist: | EXCELLENT | GOOD | POOR |
|---|---|---|---|

Comments:

LOS ANGELES UNIFIED SCHOOL DISTRICT
HEALTH RESOURCE UNIT

# ATHLETIC HEALTH HISTORY QUESTIONNAIRE

Name _____ Address _____

Birth Date _____ School _____ Grade _____

Please answer all of the following:

1. Have you had any serious illness, surgery, or injury in past 3 years? _____

   If so, explain _____

2. Are you taking medication on a regular basis? _____. What? _____

   Is there a medication you take for emergency use? ____. What? _____

3. Do you have diabetes? _____.

4. Do you wear glasses? _____. Contact lenses? _____

5. Do you know any reason why you should not participate in all sports? _____

Have you had or do you now have any of the following?

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| 1) Convulsion | | | 9) Asthma | | |
| 2) Loss of consciousness | | | 10) Heart disease | | |
| 3) Fainting spells | | | 11) Hearing loss | | |
| 4) Epilepsy | | | 12) Ruptured ear drum | | |
| 5) Paralysis | | | 13) Hernia | | |
| 6) Back injury | | | 14) Absence of a kidney | | |
| 7) Shoulder injury | | | 15) Absent or undescended testicle | | |
| 8) Knee injury | | | 16) Mental illness | | |

To the best of my knowledge the foregoing are true statements.

_____ _____
Signature of parent or legal guardian Signature of Student

_____ _____
Telephone Number Date

Form No. 33.195)
8/70

# SCHOOL NURSE AND PHYSICIAN

SCHOOL NURSE

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma___
Two Year College Degree___
Four Year College Degree___
Graduate Degree___

AND/OR

Work Experience Needed ___None ___One Year ___Two or More Years
State Licensure___
State Certification___
Special Credential Needed___
(e.g., Teaching Credential)

SCHOOL PHYSICIAN

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma___
Two Year College Degree___
Four Year College Degree___
Graduate Degree___

AND/OR

Work Experience Needed ___None ___One Year ___Two or More Years
State Licensure___
State Certification___
Special Credential Needed___
(e.g., Teaching Credential)

Name: Last ____ First ____ Middle ____ Sex: M ☐ F ☐

V ____ BY ____ P ____

# LOS ANGELES CITY SCHOOLS
# HEALTH RECORD

POLIO 1 ____ 2 ____ 3 ____ C ____

Name ____ Phone ____ School ____ Date Adm. ____

Birth Dist. No. ____ Day ____ Yr. ____

Birthplace ____

Admitted to Cl. ____

Room No. ____

## PHYSICAL EXAMINATION

SYMBOLS A NEEDS ATTENTION (GIVE URGENCY 1, 2, 3, or 4) A RECEIVED ATTENTION F FURTHER EXAM. NEEDED O OTHER

| Date of Examination | Name of Examiner | Grade | NUTRITION Hgt. | NUTRITION Wgt. | EYES Vision R | EYES Vision L | EYES Pathology | EARS Hearing R | EARS Hearing L | EARS Pathology | NOSE & THROAT Pathology | NOSE & THROAT Tonsils | NOSE & THROAT Adenoids | TEETH No. Req. | TEETH Dental Hyg. | TEETH Caries | TEETH Ortho. Condition | GLAND Gr. Enlarged | GLAND Pulmonary Tuberculosis | LUNGS | Orthopedic Posture | Orthopedic Feet | Nervous System Signs Symptoms | Speech | Skin | Endocrine | M. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Rest: how long?

Assignment to Special Classes

Corrective P.E.

Rec. Spec.

Driver Training ____

FORM 56-0346 (REV. 9-68) (STK. NO. 0130011) This card must be transferred with other record cards. Every child must have a health card or an "Excuse from Physical Examination"

## PERSONAL HISTORY

Date ____ Family Physician ____ Address ____

Family Dentist ____ Address ____

| | | | | | |
|---|---|---|---|---|---|
| Asthma | Tbc—Child | Dental Decay | Convulsions | IMMUNIZATIONS | Years |
| Hayfever | Tbc—Family | Toothache | Fainting | Smallpox | |
| Eczema | Chickenpox | Freq. Colds | When? | Diph. | |
| Diabetes | Measles | Freq. Sore Throats | Nose Bleeds | Wh. Cough | |
| Heart Dis. | Ger. Measles | Freq. Coughs | Growing Pains | Tetanus | |
| Polio | Wh. Cough | Freq. Headaches | Operations | Polio | |
| Pneumonia | Mumps | Wears Glasses | | | |
| Rheum. Fever | Hernia | Tires Easily | Accidents | | |
| Scarlet Fever | Eye Difficulty | Recent Bad Wtg. | Other Ser. Ill | | |

FAMILY STATUS

Father

Mother

Bros. Ages

Sis. Ages

Appetite ____ Milk Daily? ____ Food Allergies? ____

Breakfast ____ Bed Time ____ Rising Time ____

## DENTAL RECORD

| Date Examined | Name of Examiner | TEETH Decay | TEETH Dress. Hyg. | TEETH Gums | TEETH Ortho. Condition |
|---|---|---|---|---|---|
| | | | | | |
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## VISION SCREENING

| Date | R | L | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

## PHYSICIAN'S, DENTIST'S, OR NURSE'S NOTES

Audiometer Date ____ Date ____ Date ____ Date ____ Date ____

R. ____

L. ____

Mantoux ____ Date ____

CASE I

## PHYSICAL EXAMINATION

### Student Activity - Role Playing II

### Worksheet

Students will role play the following situation. Using the form below, the class will rate the student acting as nurse.

I. Situation II

A. Problem - Orientation of patient

B. Personnel - Nurse and patient

1. Nurse Role

a. Greet patient

b. Look over form for any incomplete sections. Help patient complete the form entirely

c. Explain to the nervous patient what you will be doing and what you are looking for and then perform the task

(1) Take the height, weight, blood pressure and check vision.

(2) Record the results

d. Introduce the patient and the doctor

2. Patient Role

a. Nervous about the examination. First time for a physical

b. Make sure nurse explains diseases that you do not know.

Rating

| Nurse with Patient: | EXCELLENT | GOOD | POOR |
|---|---|---|---|

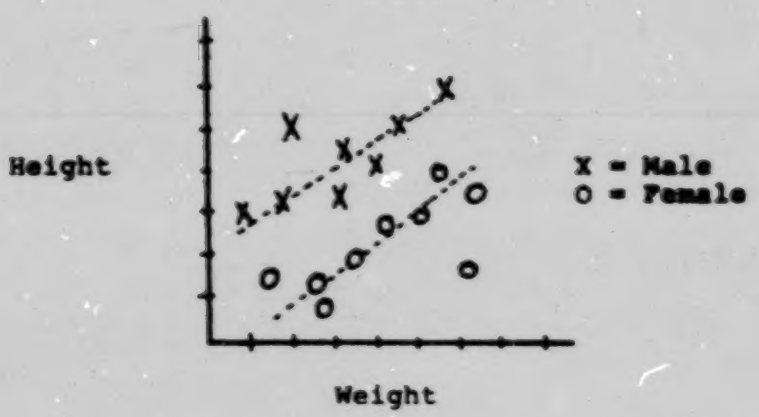
Comments:

## PHYSICAL EXAMINATION

### Student Activity

### Graphing Heights and Weights

Students will record height and weight measurements on board by sex. Each student then plots on graph paper height against weight for males and for females.




After instructor demonstrates how to draw the best line through a series of points, draw the best line through the points indicating male height and weight; then do the same for females.

After the instructor discusses the meaning of a "norm," define "norm" in your own words.

## PHYSICAL EXAMINATION

### Student Worksheet

1. Record the sex, height, and weight of your partner.

   a. Sex_____

   b. Height_____

   c. Weight_____

2. Record the information in question--on the board.

3. Using graph paper plot height against weight of the males. Draw the best line through these points. Do the same for the females.

4. Define the mean. Compute the mean for the following:

   a. Height of males _____

   b. Height of females _____

   c. Weight of males _____

   d. Weight of females _____

OPTIONAL

5. Define median. Compute the median of a - d in question 4.

6. Define mode. Compute the mode for a - d in question 4.

Complete this chart:

| | | HEIGHT | WEIGHT |
|---|---|---|---|
| MALES | MEAN | | |
| | MEDIAN | | |
| | MODE | | |

| | | HEIGHT | WEIGHT |
|---|---|---|---|
| FEMALES | MEAN | | |
| | MEDIAN | | |
| | MODE | | |

## PHYSICAL EXAMINATION

### Student Activity

### Blood Pressure & Pulse Rate

1. What is blood pressure?

2. What does it measure?

3. What determines blood pressure?

4. List as many factors as you can which affect blood pressure, for example, sex.

5. Define pulse pressure.

6. Define pulse rate.

7. Name the instruments used for taking blood pressure.

8. Define systolic pressure. Define diastolic pressure.

9. Practice taking blood pressure under supervision.
Record results:

Systolic:

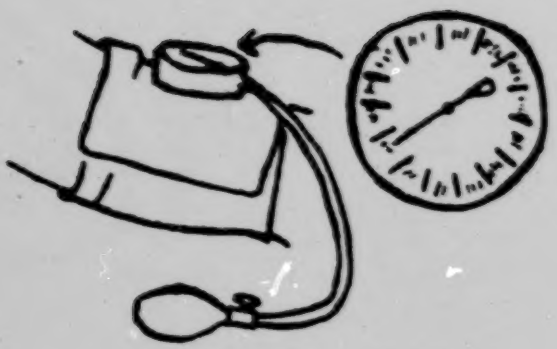
Diastolic:

Pulse Pressure:

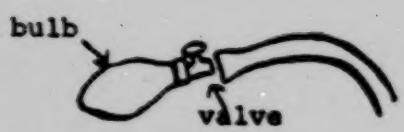
10. Measure and record the pulse rate of your partner.

11. Have your partner exercise for 30 seconds. Measure his pulse rate again and record the result.

## TAKING BLOOD PRESSURE



1. Wrap the cuff around one of the patient's arms and attach the tubes. One tube attaches to the air pump bulb. The other tube attaches to the sphygmomanometer.




2. Close the valve on the bulb.

3. Put the stethoscope on the inside of the patient's elbow.

. Pump the air bulb with your right hand, until you can't hear the heart anymore. Then give the bulb a few extra pumps.

. Open the valve on the air bulb to let the air out slowly. Listen carefully and you will hear the heart beat again. Watch the sphygmomanometer gauge and see what number it is on when you hear the first heart beat. (This number is called the systolic pressure.) Keep listening and watch the sphygmomanometer to see what number it

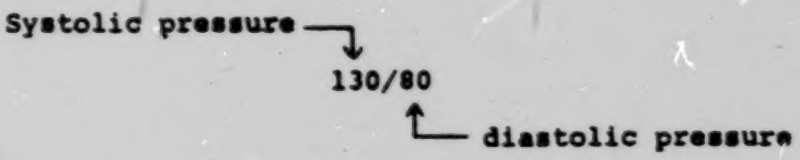
is on when you hear the last clear sound. (This number is called the diastolic pressure.)

systolic pressure/diastolic pressure

Here is an example:

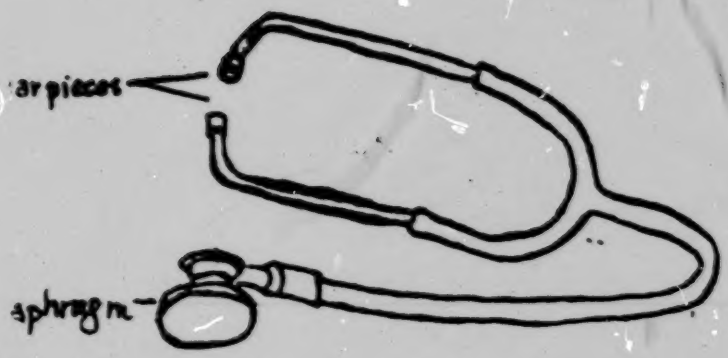
130/80

6. Write the systolic and diastolic pressures on the patient's chart like this:




Remember, the systolic pressure is the first sound you hear and the diastolic pressure is the last sound you hear.

## MEASURING APICAL PULSE RATES




1 Clean earpiece and diaphragm of stethoscope with antiseptic.

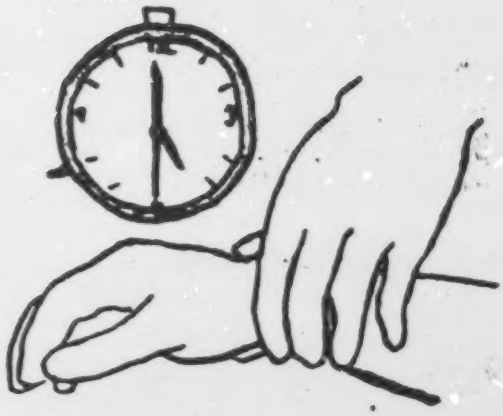
2. Pull back clothes and place diaphragm over the heart, to the left of the sternum (breast-bone.)

3. Listen for the heart and count the number of beats for one minute.

4. When finished, clean earpieces and diaphragm once again with antiseptic.

5. Record the pulse count on patient's chart.

RADIAL PULSE



1. Place your three fingertips lightly over the radial artery, located in the wrist below the thumb.
2. Count the beats of the pulse for one minute.

Examples of average pulse rates are:

| | | |
|---|---|---|
| infants | 115-130 | beats/minute |
| adults | 72-80 | beats/minute |
| old age | 60-70 | beats/minute |

3. Record the pulse count on patient's chart.

## PHYSICAL EXAMINATION

### Student Activity - Role Playing III

### Worksheet

Students will role play the following situation. Using the form below, the rest of the class will rate the student acting as aide.

III. Situation III

A. Problem - Physical examination by doctor

B. Personnel - Doctor, patient, and aide

1. Doctor

a. Greet patient

b. Look over form for any indication of major disorders.

c. Explain to nervous patient what you will be doing and what you are looking for and then perform task.

d. Ask aide to help you by handing you the correct equipment to perform the task.

Rating

| Aide: | EXCELLENT | GOOD | POOR |
|---|---|---|---|
| | | | |

Comments:

## PHYSICAL EXAMINATION

### Student Activity - Role Playing IV

### Worksheet

Students will role play the following situation. Using the form below, the rest of the class will rate the student acting as the nurse.

IV. Situation IV

A. Problem - Teaching basic skills

B. Personnel - Nurse and two (2) aides

C. Nurse

1. Greet class

2. Explain what you will be doing.

a. How to greet patients

b. Help fill out any incomplete forms.

c. How to make patient calm about what you will be doing.

d. How to use:

(1) Balance scale - height and weight

(2) Blood pressure cuff

(3) Snellen Chart

Rating

| Nurse: | EXCELLENT | GOOD | POOR |
|---|---|---|---|
| | | | |

Comments:

## PHYSICAL EXAMINATION

### Clinic Day

Objective: The student will be able to perform the specified tasks.

Student Guidelines

Clinic stations are set up in the classroom. A physical examination form and an equipment identification worksheet will be distributed to you.

You are to perform the task at each station three times and record the result on the appropriate form, (except equipment identification) and have the student on whom you performed the task initial the result. Also use the worksheet.

## CASE I - PHYSICAL EXAMINATION

## WORKSHEET

## TASKS

### STATION I - HEIGHT & WEIGHT

| STUDENT | HEIGHT | WEIGHT |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

### STATION II - SNELLEN CHART

| RESULT: STUDENT | MEANING OF RESULT |
|---|---|
| 1. | |
| 2. | |
| 3. | |

## STATION III - BLOOD PRESSURE

| STUDENT | SYSTOLIC | DIASTOLIC |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

## STATION IV - PULSE RATE

| STUDENT | |
|---|---|
| 1 | |
| 2 | |
| 3 | |

## STATION V - PERCUSSION HAMMER

Did you get a reflex response?

| STUDENT | YES | NO |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

Diagram a reflex arc.

## STATION VI - EQUIPMENT INDENTIFICATION

Identify the items on the table and state the use of each.

Be sure to spell each item correctly:

A.

B.

C.

D.

E.

F.

G.

## CASE II

## BROKEN LEG

### Purpose

To introduce the student to a variety of hospital occupations within the framework of a hypothetical health problem.

To enable the student to learn simple hospital tasks and understand the functions of hospital personnel.

### Objective

The student should be able to describe the functions of the personnel involved in the case.

The student should be able to perform tasks specified within the framework of the case.

The student should be able to analyze the relationship between specified tasks or jobs and patient care.

Health Problem: Simple fracture of a bone in the leg (tibia) for which treatment involves a hospital facility.

Facility: Hospital

### Profile

Willie loved football. He loved it so much that he could hardly wait for the final class bell which signalled the beginning of practice time.

It was the last practice session before the big game. Everything was going well. Willie had the ball and was running with it down the field. A moment later he was rolling head over heels in a series of somersaults. He found himself lying on the ground with his leg bent queerly beneath him. He moved tentatively and experienced a piercing pain in the leg. The coach and his teammates ran to his aid as he cried out. Someone ran for the school nurse. Someone called an ambulance. Willie's family was notified as quickly as possible.

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

# R.N.

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

ORTHOPEDIC TECHNICIAN

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

# ORDERLY

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

X-RAY TECHNICIAN

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

# RADIOLOGIST & ORTHOPEDIST

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks) (Orthopedic Physician)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

Orthopedic Technician

What does this person do? (List Tasks)

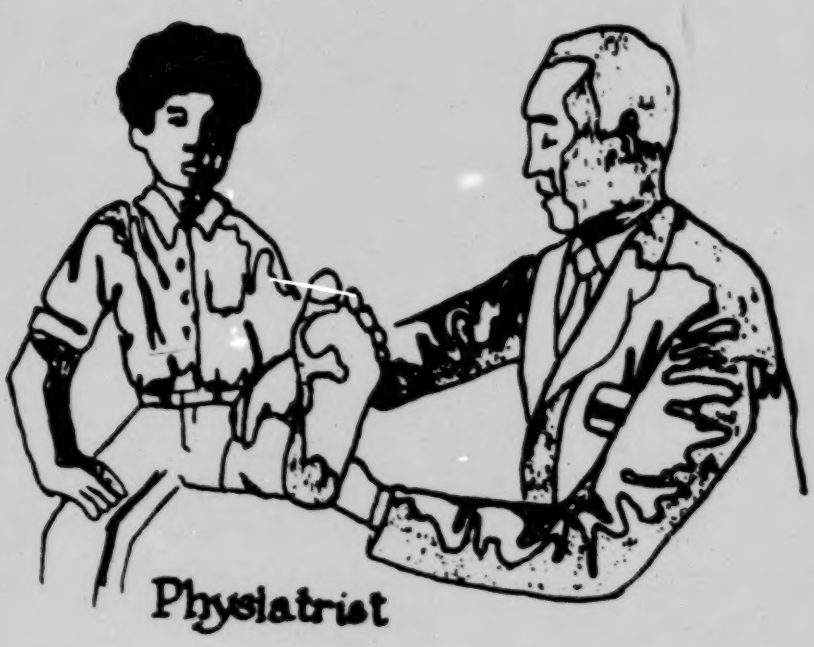
Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)




What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma___
Two Year College Degree___
Four Year College Degree___
Graduate Degree___

AND/OR

Work Experience Needed ___None ___One Year ___Two or More Years
State Licensure___
State Certification___
Special Credential Needed___
(e.g., Teaching Credential)

# PHYSICAL THERAPIST

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ___
Two Year College Degree ___
Four Year College Degree ___
Graduate Degree ___
and/or
Work Experience Needed ___None ___1 Year ___2 or More Years
State Licensure ___
State Certification ___
Special Credential Needed ___
(e.g. Teaching Credential)

Medical Records Clerk

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## CASE III

## APPENDICITIS (APPENDECTOMY)

Acute appendicitis requiring hospitalization and emergency surgery.

### Purpose

To introduce the student to the basic occupations, tasks, and equipment used pre-operatively, during surgery, and post-operatively.

To teach simple routine tasks which are performed by entry-level hospital personnel involved in this case.

To demonstrate, by brief introduction of some basic scientific principles, the related knowledge needed for performance of entry-level tasks.

### Objectives

The student should be able to list in sequence the major steps involved in preparing the pre-operative patient, setting up the operating room, following the patient from operating room to nursing floor.

The student should be able to list some of the basic tasks performed by entry-level personnel in areas indicated above.

The student should be able to demonstrate his understanding of ethical considerations regarding the patient.

## CASE III

## APPENDECTOMY

**Health Problem:** Appendicitis - Appendectomy

**Facility:** General Hospital

1. Nursing Floor
2. Operating Room

### Profile

Susan McBee was in the car going home with her parents after the high school graduation ceremony. They were very proud of the awards Susan had received, but she hardly heard their compliments. Her thoughts were on the prom, a few hours away.

The last few days had been most exciting. Susan had tried not to pay attention to the nagging ache on her right side and the queer feeling in her stomach. Just a "nervous stomach," Susan told herself, echoing a remark she had heard her mother make many times. And who could have an appetite at times like these, anyway?

The family arrived home, Susan refused to eat, reminding her mother that food would be served at the prom. No, she reassured her mother, she was not "coming down with anything," she was just a little tired.

It took Susan a long time to get ready. She kept wondering why she was so groggy and why she felt so warm.

Keith called for her and they started for the prom, a quiet Susan protesting that she felt fine.

That she wasn't fine became apparent to a frightened Keith a few hours later when Susan collapsed. He rushed her home and her mother called their physician with so desperate a plea that Dr. Harold Sarkino arrived within half an hour.

By then Susan had vomited twice. From Susan the doctor elicited the symptoms she had experienced. He took vital signs, and found that Susan had a low grade temperature. When he touched a certain point on the right abdomen, Susan cried out in pain. Dr. Sarkino advised Susan's mother to call an emergency ambulance immediately. He made some calls to the hospital and told Susan's parents and poor Keith that he suspected appendicitis. It might mean an emergency operation to remove the appendix.

Susan was rushed to the hospital, admitted immediately, and taken to her room. Lab tests were done; Dr. Sarkino's tentative diagnosis was confirmed, and the operating room staff alerted for an emergency appendictomy.

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks) (Housekeeper)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks) (Orderly)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

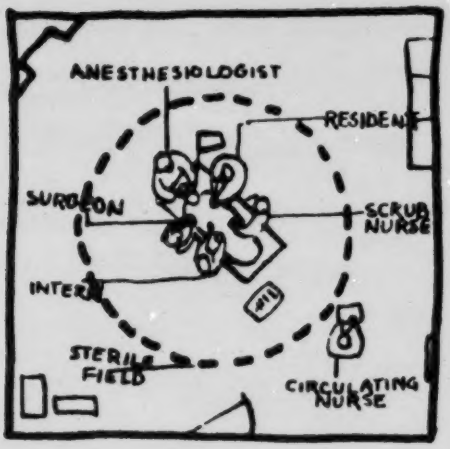
# ~ Anesthetist ~

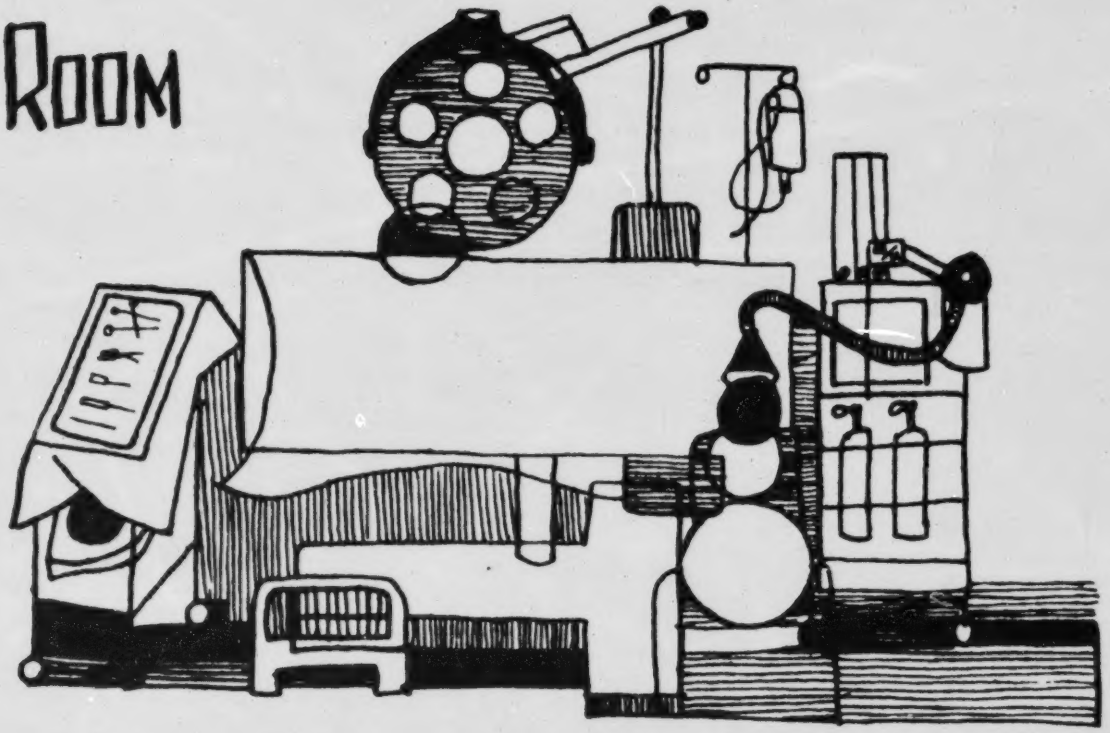
What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma _____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure _____
State Certification _____
Special Credential Needed _____
(e.g. Teaching Credential)

# SURGERY ROOM



What does the surgeon do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

Why are antiseptic conditions necessary in the operating room?

What is a sterile field?

# Recovery Room Nurse

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## CASE IV: FOOD POISONING

## ENVIRONMENTAL HEALTH AND SANITATION

### Objectives

1. The student will be able to name current and projected occupations in the field of environmental health and sanitation.
   a. The student will be able to describe specific tasks associated with these occupations.
   b. The student will be able to describe the types of facilities which employ individuals in these occupational areas.
   c. The student will be able to state the educational background and training for each occupational areas.
   d. The student will be able to describe the career ladder associated with each occupation.
2. The student will be able to describe the methods by which specificed community environmental sanitation problems are handled.
3. The student will be able to use an epidemiological approach to solve to solve a hypothetical health problem in the community.
4. The student will be able to measure volume using the metric system.
5. The student will be able to weigh an object using a balance scale.
6. The student will be able to perform the following laboratory tasks:
   a. Preparation of agar culture medium
   b. Streaking and incubation of plates
7. The student will be able to use a microscope.

CASE IV
ENVIRONMENTAL HEALTH
Investigation of Community Problems

| TEACHER ACTIVITY | STUDENT ACTIVITY | SUB-OBJECTIVES |
|---|---|---|
| Set up interviews with public health sanitarians.<br><br>Write four problems for investigation on blackboard.<br><br>Provide guidelines so that student interview teams can formulate questions (see guidelines).<br><br>Review interview questions with each team.<br><br>Optional: Film "How Disease Travels" - 11 min. - 1946. Source: California State Department of Public Health | Select problems for investigation.<br><br>Form interview teams.<br><br>Meet in teams to formulate questions to be asked in interview with Sanitarian.<br><br>Interview Sanitarians.<br><br>Present interview results in class.<br><br>Formulate task list for a Public Health Sanitarian.<br><br>List educational requirements and mobility opportunities in this field. | Through an interview with a Sanitarian, the student will be able to obtain information relating to the investigation of an environmental health problem.<br><br>The student will be able to list the steps taken by the sanitarian in each of the four problems.<br><br>The student will be able to state how a community resident can register a complaint which involves an environmental problems. |

CASE IV

ENVIRONMENTAL HEALTH AND SANITATION

Epidemiological Investigation of an Outbreak of a Communicable Disease

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| 1. Read "A Game of Wild Indians" in Eleven Blue Men.<br><br>2. List steps involved in an investigation of food contamination.<br><br>List personnel involved in investigation.<br><br>List tasks of each person involved in the investigation. | The students should be able to list the steps taken, tasks, and personnel involved in an epidemiological investigation. |
| 3. Epidemiological Investigation (Teacher will discuss guidelines.)<br><br>Supplementary Reading: "A Family Reunion" in Eleven Blue Men. | The student should be able to solve a hypothetical case requiring epidemiological investigation. |

EPIDEMOLOGIST AND SANITARIAN

What does this person do? (List Tasks) (Epidemologist)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

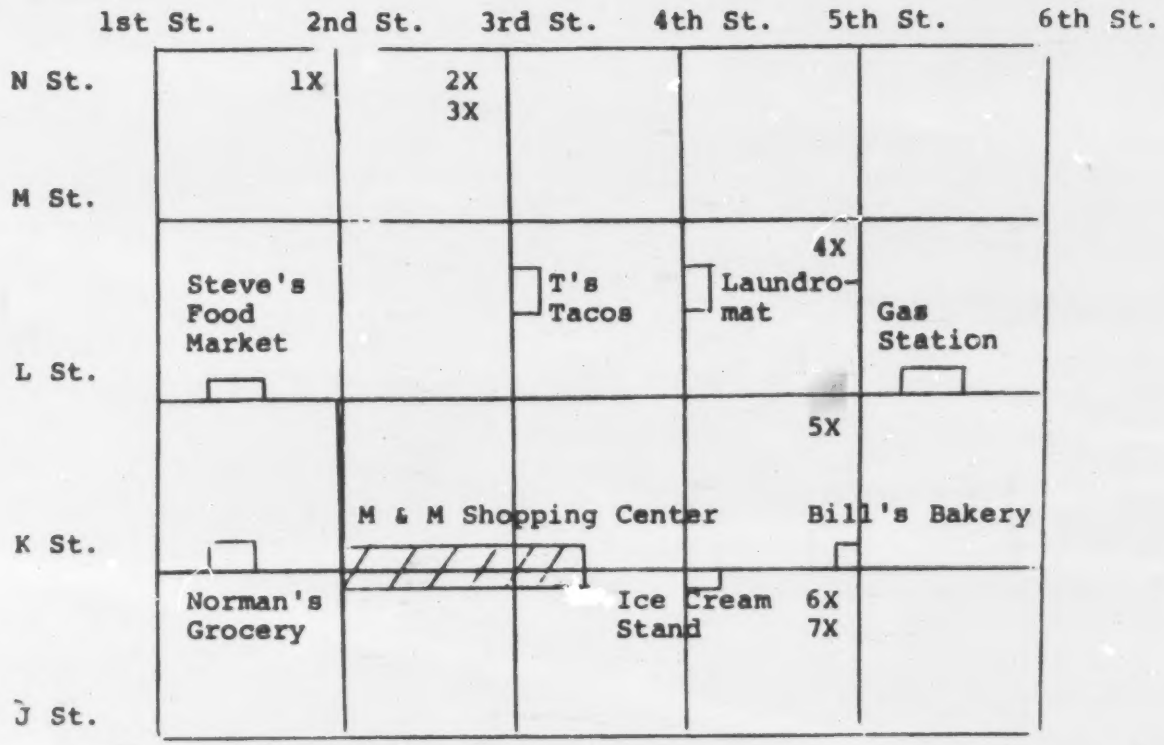
What does this person do? (List Tasks) (Sanitarian)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## FACT SHEET

A. Map




1. X indicates a victim or patient.

2. The number next to the X is the case number.

B. History of Illness

1. Symptoms in all patients included diarrhea, nausea, and vomiting.

2. All patients reported symptoms on Saturday, January 30, 1971.

3. Time of occurence, age of patients, sex of patients.

| Case No. | Age (in years) | Sex | Time of Onset |
|---|---|---|---|
| 1 | 15 | F | 2:30 P.M. |
| 2 | 50 | M | 3:00 P.M. |
| 3 | 11 | M | 3:10 P.M. |
| 4 | 25 | F | 2:00 P.M. |
| 5 | 30 | F | 2:00 P.M. |
| 6 | 16 | F | 4:00 P.M. |
| 7 | 15 | F | 4:05 P.M. |

## STUDENT INSTRUCTIONS FOR SOLVING CASE

You are a member of a team of health personnel at the local Health Department called upon to investigate this case. You are holding a meeting to decide the steps to be taken in determining what kind of illness has affected these seven people. You decide that you should first interview each patient.

List the questions you would ask each patient and the reason for asking the question. Write this information on a sheet of paper.

SAMPLE QUESTIONS

| | |
|---|---|
| What symptoms did you have? | |
| When did you first feel ill? | |
| How long did you feel ill? | |
| Where were you that day? | |
| Did you buy any food that day? | |
| Where did you buy the food? (Name all the places.) | |
| Did you eat any of it that day? | |
| List what you ate? | |

RESPONSES FOR PATIENTS

If the interviewer asks any of the following questions you must give the answer listed on this sheet. If the interviewer asks any other questions, you may make up an answer.

The questions will not necessarily be asked in the order given.

QUESTIONS AND RESPONSES

| | Patient | |
|---|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting | |
| When did you first feel ill? | 2:30 P.M. | |
| How long did you feel ill? | 24 hrs. | |
| Where were you that day? | Shopping at M&M Shopping Center | |
| Did you buy any food that day? | Yes | |
| Where did you buy the food? (Name all the places.) | T's Taco Stand<br>Bob's Bakery | |
| Did you eat any of it that day? | Yes | |
| List what you ate. | Tacos<br>Custard Eclair | |

QUESTIONS AND RESPONSES

| | Patient |
|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting |
| When did you first feel ill? | 3:00 P.M. |
| How long did you feel ill? | 36 hrs. |
| Where were you that day? | Grocery Shopping<br>at Norman's Market |
| Did you buy any food that day? | Yes |
| Where did you buy the food?<br>(Name all the places.) | Bob's Bakery<br>Norman's Market |
| Did you eat any of it that day? | Yes |
| List what you ate. | Custard Eclair |

QUESTIONS AND RESPONSES

| | Patient |
|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting |
| When did you first feel ill? | 3:10 P.M. |
| How long did you feel ill? | 24 hrs. |
| Where were you that day? | Out for a walk with my dog. |
| Did you buy any food that day? | Yes |
| Where did you buy the food? (Name all the places.) | Bob's Bakery |
| Did you eat any of it that day? | Yes |
| List what you ate. | Custard Eclair |

QUESTIONS AND RESPONSES

| | Patient |
|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting |
| When did you first feel ill? | 2:00 P.M. |
| How long did you feel ill? | 48 hrs. |
| Where were you that day? | Shopping with my wife<br>(Case 5) |
| Did you buy any food that day? | Yes |
| Where did you buy the food?<br>(Name all the places.) | Norman's Market<br>Bob's Bakery |
| Did you eat any of it that day? | Yes |
| List what you ate. | Hamburger, Coffee<br>Custard Eclair |

QUESTIONS AND RESPONSES

| | Patient |
|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting |
| When did you first feel ill? | 2:00 P.M. |
| How long did you feel ill? | 48 hrs. |
| Where were you that day? | Shopping with my husband<br>(Case 4) |
| Did you buy any food that day? | Yes |
| Where did you buy the food?<br>(Name all the places.) | Norman's Market<br>Bob's Bakery |
| Did you eat any of it that day? | Yes |
| List what you ate. | Swiss Cheese Sandwich, Coke<br>Custard Eclair |

QUESTIONS AND RESPONSES

| | Patient |
|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting |
| When did you first feel ill? | 4:00 P.M. |
| How long did you feel ill? | 28 hrs. |
| Where were you that day? | Went to the show with my friend. (Case 7) |
| Did you buy any food that day? | Yes |
| Where did you buy the food? (Name all the places.) | R's Hamburger Stand<br>Bob's Bakery |
| Did you eat any of it that day? | Yes |
| List what you ate. | Hamburger, French Fries, Coke<br>Custard Eclair |

QUESTIONS AND RESPONSES

| | Patient |
|---|---|
| What symptoms did you have? | diarrhea<br>nausea<br>vomiting |
| When did you first feel ill? | 4:05 P.M. |
| How long did you feel ill? | 30 hrs. |
| Where were you that day? | Went to the show with my friend (Case 6) |
| Did you buy any food that day? | Yes |
| Where did you buy the food? (Name all the places.) | B's Hamburger Stand<br>Bob's Bakery |
| Did you eat any of it that day? | Yes |
| List what you ate. | Hamburger, French Fries, Root Beer<br>Custard Eclair |

## Bacteriological Techniques for Culturing Organisms

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Take plates out of the incubator after 48 hours. | Should be able to examine the plates on a microscope and compare the amount of growth. |
| Examine growth on plates from unrefrigerated custard or milk with refrigerated specimens. Report results. | |
| View Film: "In a Medical Laboratory" | Should be able to list the occupations in medical laboratories and the tasks performed as discussed in one film and supplemented by field observations. |

## Bacteriological Techniques for Culturing Organisms

| STUDENT ACTIVITY | OBJECTIVES |
|---|---|
| Worked on programmed instructional units. Take pretest, and upon completion of the unit take post-test.<br><br>Units: The Metric System:<br>Weight<br>Volume | The student should be able to complete the units on the Metric System:<br><br>Weight<br>Volume |
| Prepare agar and pour into Petri dishes as per teacher directions. | The student should be able to prepare an agar culture medium and prepare Petri dishes for streaking. |
| Streak plates using a loop as instructed. Label plates as follows:<br><br>Experimental: unrefrigerated custard or milk.<br><br>Control: refrigerated custard or milk.<br><br>Incubate plates. | The student should be able to streak a plate. |
| Observe teacher demonstration of microscope. | |
| Work on programmed instructional unit - The Microscope. | The student should be able to complete successfully the post-test on microscope. |
| Take plates out of the incubator after 48 hours.<br><br>Examine growth on plates. | The student should be able to examine the plates on a microscope and compare the amount of growth. |
| Compare growth on plates from unrefrigerated custard or milk with refrigerated specimens. Report results. | |
| View Film: "In a Medical Laboratory". | The student should be able to list the occupations in medical laboratories and the tasks performed as discussed in one film and supplemented by field observations. |

## METRIC SYSTEM--WEIGHT

Weigh objects using a double or triple beam balance to the nearest 0.01 gram and express weight in terms of grams.

Specific Objectives

1. Know the names of the following basic parts of a balance sufficiently well to learn to use the balance.
   A) Beams
   B) Pointer
   C) Scale
   D) Knurled nuts
   E) Poise or rider
2. Adjust the pointer to zero on the scale
3. Weight an object to the nearest 0.01 grams

1. Locate a double or triple beam balance at the side of the room. Bring it to your desk using both hands to prevent damage from excess movement of the platforms or pans.

2. Place it on your desk with BEAMS facing you.

3. The sliding weights are called the POISE or the RIDERS.

4. Move all the poise along the beam to the left to the zero position. The weights are read from the left side of the poise

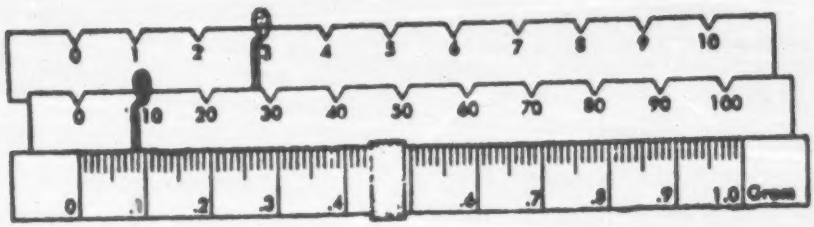
5. The POINTER should now be at the zero position on the SCALE.

6. If the pointer is not at zero, balance the scale by small adjustments of the knurled nuts until the pointer swings equally to the right and left of the center mark.

7. Notice that the beams are marked off in units from 0.1 gram to 100 gram.

8. On the beam with divisions from 0.1 to 1.0 grams, each mark represents 0.01 gram.

9. Look at the beams represented below.




On the beam marked from 0 - 10 grams, how many grams are indicated? _____

On the beam marked from 0 - 100 grams, how many grams are indicated? _____

On the beam marked from 0 - 1.0 grams, how many grams are indicated? (Remember to read to the left of the poise)

_____

What is the total weight indicated? _____

10. Can you find these parts of the balance? Point them out to your lab partner or some one you know in the lab.

A) Pointer
B) Scale
C) Knurled nuts
D) Beams
E) Poise

11. Can you adjust the zero point on the scale? Demonstrate your ability to your lab partner or friend.

12. Now you are ready to begin to weigh objects.

Try to judge the size of the object and begin on a beam that you think is close to the real weight of the object. OR begin with the highest (100 gms) beam.

13. Place an object to be weighed on the left platform or pan.

14. Slide the poise or rider along the beam until the pointer swings across the scale. Then return the poise to the next lower unit. GO TO THE NEXT LOWER BEAM (10 gms).

15. Move the new poise slowly along the beam until the pointer swings across the scale. Then return this poise to the next lower unit.
GO TO THE NEXT LOWER BEAM (1 gram)

16. Move this poise slowly along the beam until the pointer approaches zero.

17. Read the weight on each beam as the number to the left of the poise.

18. Read the accumulated weights directly from the beams by adding the amounts on all beams.

EXAMPLE: beam recording (0 - 100 gms) reads 20 gms

beam recording (0 - 10 gms) reads 8 gms

beam recording (0 - 1.0 gms) reads .4 gms

Total weight 28.4 gms

---

GO TO THE EXERCISE PRACTICE IN WEIGHING

## PRACTICE IN WEIGHING

A. Weigh the following objects and record their weights to the nearest 0.01 gm.

1. Penny _____
2. Microscope slide _____
3. Straight or common pin _____
4. Paper clip _____
5. Cork _____
6. Rubber stopper _____

B. Since small errors often are not noticed, reweigh all the objects together. What weight differences do you notice between the total weight _____ and the sum of their individual weights? _____ difference _____

C. How do you account for this? _____

Now ask your lab partner to check answers with you. Demonstrate to him that you know how to weigh objects.

## POST TEST WEIGHING

Demonstrate to the instructor that you can weigh objects to the nearest 0.01 grams using the double or triple beam balance.

Weigh the following objects:

1. A block of wood provided by the instructor _____

2. A microscope slide _____

## ANSWER SHEET

## METRIC SYSTEM WEIGHT

9. 3 grams
   10 grams
   .45 grams
   13.45 grams

Practice in Weighing

C. 1. Errors can be accumulated, small errors can be added to make large errors

   2. Errors can cancel out each other in accumulated data

## METRIC SYSTEM--VOLUME

Measure the volume of liquids and solids to the nearest 1.0 ml. using a graduated cylinder, and express metric units in terms of milliliters and liters.

Specific Objectives

To use and express the following metric terms and equivalents:

1000 milliliters = 1 liter

To convert milliliters to liters, divide by 1000

To convert liters to milliliters, multiply by 1000

1. Observe the graduated cylinders provided. Notice the markings on the side. Some cylinders are marked in increases of <u>two</u> ml., others are marked in increases of <u>one</u>. Determine the intervals of your cylinders.

2. On your graduated cylinder, the marks indicate increases of _____.

3. Note the capacity of the cylinders, use one that most closely equals what you want to measure.

4. The capacity of the graduated cylinder that you have is _____m.

5. Observe that the markings are indicated from top to a bottom zero, this tells you how <u>full</u> you have the cylinder and from bottom to top zero. This tells you how much you have <u>remaining</u>.

6. Pour water into the graduated cylinder until you have measured 8 ml. of water.

7. Read the amount of water by observing the level of the curved surface of the liquid, the MENISCUS (me-nis-cus). Observe the cylinder at eye level and read the amount at the <u>bottom</u> of the meniscus. NOTE: cylinders made from new plastics may <u>not</u> form a meniscus.

8. Could you use this technique for measuring the volume of liquid to measure the volume of an irregular solid? How would you do it? _____

_____

9. Did you ever notice that the water in the bathtub rises when you get in? Have you noticed that when you put ice cubes in a beverage the level of water rises. Do you now have a clue?

_____

RULE: <u>An object will displace a volume of water equal to its own volume.</u>

10. Place an object in the graduated cylinder; the water will rise an amount equal to the volume displaced by the object.

11. What was the volume of the object? _____ml

12. A liter of liquid contains 1000 milliliters, therefore, to convert <u>milliliters</u> to <u>liters</u>, divide by 1000.

13. Change the following milliliters to liters:

    A) 500 ml = _____liters

    B) 1200 ml = _____liters

14. Since there are 1000 milliliters in one liter, to convert liters to milliliters, multiply by 1000.

15. Change the following liters to milliliters:

    A) .6 liters = _____ml

    B) 3 liters = _____ml

## ANSWER SHEET

## METRIC SYSTEM VOLUME

13. .5 liters
    1.2 liters

15. 600 ml.
    3000 ml.

## POST TEST VOLUME-LIQUIDS

Demonstrate to the instructor that you can measure an unknown volume of liquid using a graduated cylinder, to the nearest 1.0 ml.

1. The instructor will have several test tubes of liquids measured to a predetermined level. The student will measure these in a graduated cylinder.

2. The student will determine the volume of a piece of water plant using the water displacement technique.

# THE MICROSCOPE

This program is designed to teach you to use the microscope.

When you have learned to do this easily, you will be able to explore the world of microscopic life.

## OBJECTIVES

At the completion of this exercise you will be able to:

1. Identify the basic parts of the microscope.
2. State the functions of the basic parts of the microscope.
3. Focus, using the scanning or low power objectives on a microscope slide preparation.
4. Use the mechanical stage to locate a specimen or specific portion of the slide.
5. Change objectives and make necessary light and focus corrections for higher power objectives.
6. Determine the total magnification of the image under each objective.
7. Estimate the relative size of objects under each magnification.
8. Express confidence in using this instrument.

90% of the students should be able to be 90% effective.

## Specific Objectives

1. Identify the basic parts of the microscope
   - A. Ocular - eyepiece
   - B. Revolving Nosepiece
   - C. Stage
   - D. Microscope slide clamp
   - E. Coarse adjustment
   - F. Fine adjustment
   - G. Objectives - scanning, low power, high power
   - H. Lamp and light switch

I. Condenser

J. Light adjustment lever of iris diaphragm

K. Mechanical stage and adjustment

2. Relate functions of the parts (see 1) of the microscope

A. Ocular - magnification lens (variable 5X, 10X, 15X, etc.)

B. Nosepiece - to change objectives

C. Stage - platform for the support of the slides

D. Microscope slide clamp - to hold the slide in position on the stage

E. Coarse adjustment - general focus

F. Fine adjustment - fine focus

G. Objectives - scanning, low power, high power magnification

H. Lamp and switch - light source

I. Condenser - focus light

J. Light adjustment lever of iris diaphragm - provide adjustment for the amount of light

K. Mechanical stage and adjustment - to move the slide on the stage

## PARTS OF THE MICROSCOPE

Each of the series of statements and drawings below is called a frame. A frame contains information and blank spaces for you to write in the words that are missing. The frames are designed to help you identify key parts of the microscope.

Remember, this is not a test. You should be able to fill in the correct number in each frame. If from time to time you feel you need to look ahead, take a moment to figure out what you did not understand in the frame that made it necessary for you to look ahead.

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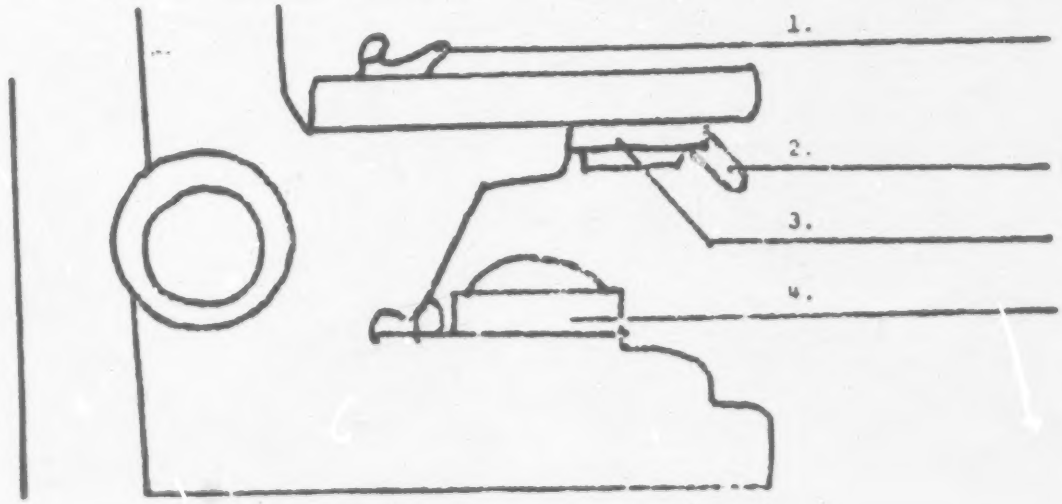
Look at this drawing. It represents one portion of your microscope.



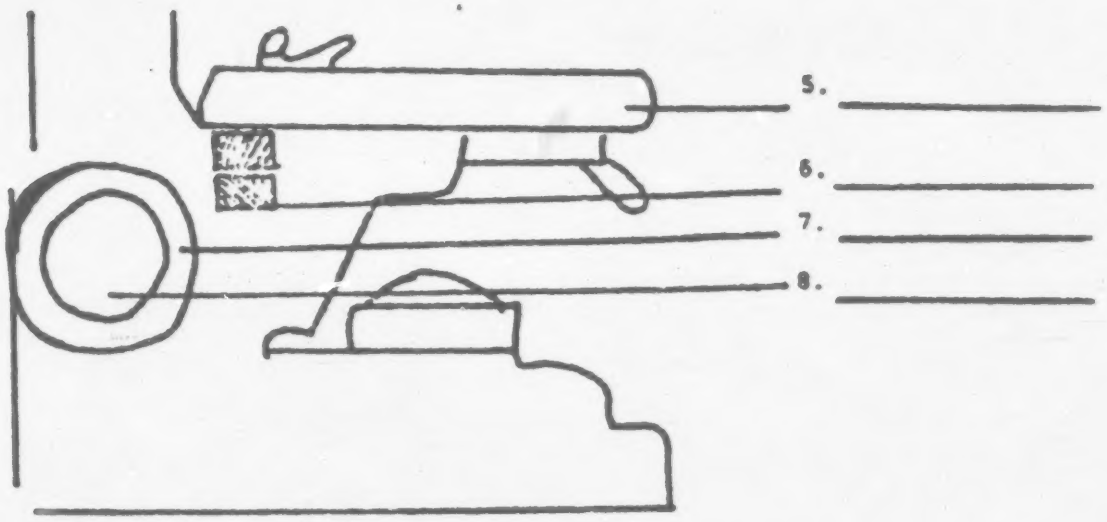

1. Look at your microscope and at the above drawing. One part should have a LIGHT SOURCE. It is numbered _____. (the switch for the light is in back of thelight)

2. Directly above the light source is the CONDENSER and the IRIS DIAPHRAGM. This controls the amount of light directed through the lenses. The condenser and diaphram are labeled _____.

3. Find the LEVER that permits you to make the opening in the diaphragm larger or smaller. It is labeled _____.

4. The slide is held in place by a SPRING CLAMP. It is labeled 1 in the diaphragm. Use your right thumb to release the clamp.

USE THE DIAGRAM BELOW TO LABEL THE PARTS OF THE MICROSCOPE THAT YOU HAVE LEARNED SO FAR.



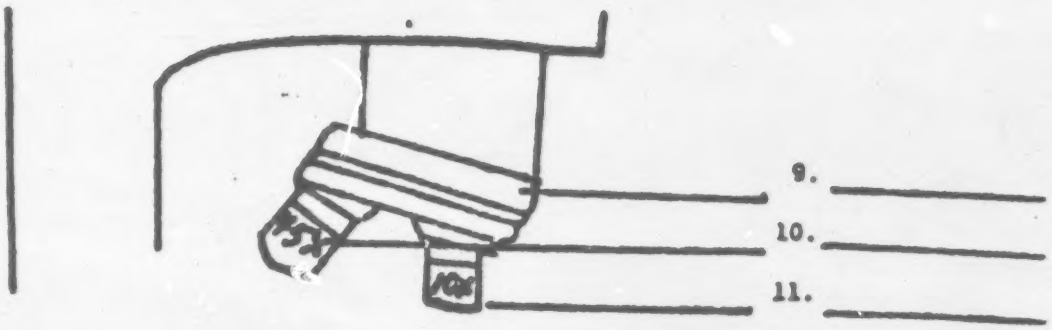

5. Find the round knobs labeled 7 and 8 above. The larger one is the COARSE ADJUSTMENT. This permits you to obtain a general focus. Write the number of the coarse adjustment _____.

6. The smaller knob is the FINE ADJUSTMENT. This helps you to see detail clearly. Write the number of the fine adjustment _____.

7. Objects to be viewed are supported on a platform with an opening through it. This platform is called a STAGE. The stage is indicated by number _____in the above diagram.

8. Beneath and to the left of the stage are two mechanical stage knobs, number _____ in the diagram. These move the slide from right to left and across the stage from top to bottom. Use your left hand to move these knobs.

WRITE THE NAMES OF THE PARTS THAT YOU HAVE JUST LEARNED ON THE SPACES PROVIDED ON THE ABOVE DIAGRAM.




9. On your microscope, the LOW POWER OBJECTIVE can be identified by green color code bands on it. This tube holds a lens that will magnify objects 10 times (10X). Number _____ indicates this object.

10. The HIGH POWER OBJECTIVE is marked with yellow color code bands. It will magnify objects 45 times (45X). Number _____. indicates this objective.

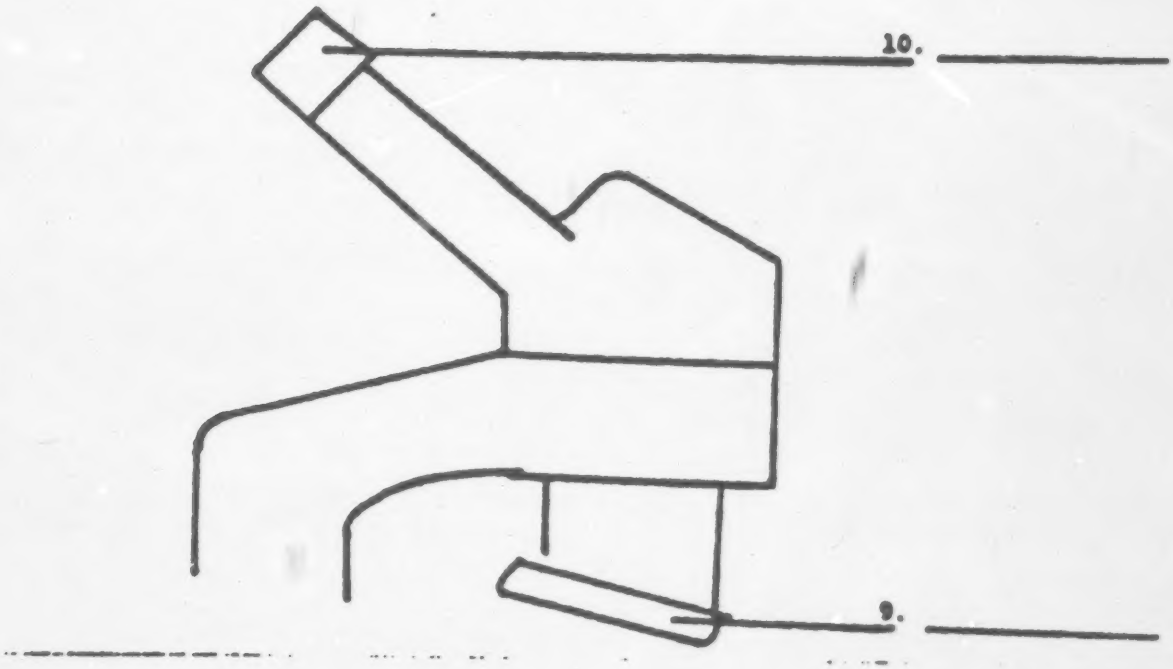
11. All of the objectives are mounted on the REVOLVING NOSEPIECE. This enables you to change the objectives from one power to the other. Write the number of the revolving nosepiece.

_____

12. On your microscope you may find two other objectives. The shortest objective marked 4X is designed to help you locate quickly the area you wish to study. This is the SCANNING OBJECTIVE. You will use this objective often.

The other objective marked with the red color code bands is the OIL IMMERSION OBJECTIVE you will learn to use this later in the course or in other courses.

LABEL THE ABOVE DIAGRAM WITH THE PARTS THAT YOU HAVE LEARNED.




13. The OCULAR or EYEPIECE is a second lens designed to magnify the image projected upward by the objectives. It magnifies 10 times (10X) on our microscopes. It is the part that you look into. Write the number of the eyepiece_____.

## ANSWER SHEET

| Question Number | Answer Number |
|---|---|
| 1 | 4 |
| 2 | 3 |
| 3 | 2 |
| 5 | 7 |
| 6 | 8 |
| 7 | 5 |
| 8 | 6 |
| 9 | 11 |
| 10 | 10 |
| 11 | 9 |
| 13 | 10 |

CASE V: EMPHYSEMA

## RESPIRATORY DISEASES

### Introduction

The focus of this unit is on respiratory diseases. Air pollution is used not only as a prototype indicating the effect of a polluting agent on a body system, but as a vehicle for introducing the case studies.

The known relevance of air pollution as a contributory causative agent in respiratory diseases is explored through the medium of a dramatic story about a documented air pollution disaster.

## POLLUTION AND HEALTH

Optional

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| Class discussion on Pollution and its effects. | Should be able to discuss how man's technology and increased population have compounded environmental pollut problems. |

## ECOLOGY EXHIBIT

| STUDENT ACTIVITY | OBJECTIVES |
| --- | --- |
| The students will research and prepare exhibit according to directions. | The student should be able to:<br>1. Clearly define a pollution problem.<br>2. Show how it affects the environment or man.<br>3. Indicate a possible solution or way to handle the problem. |

## ECOLOGY EXHIBIT

### Exhibit Rules

Two students will develop a small exhibit on a pollution problem of their choice.

1. A cardboard carton (from the market) will form the basis of the exhibit; more than one may be used.

2. The students will select a topic from those listed on the following sheet.

3. The students will spend two to three hours (one hour of class time on consecutive days) researching their problem.

The exhibit must include these points:

1. A clear definition of the problem, e.g., what it is, and some to illustrate it.

2. Significance of the problem in terms of how it affects the environment, including man.

3. How to deal with the problem: possible solutions.

4. Economic cost to society (if possible).

Some printed or written material must be included, such as posters, handbills, fact sheets, signs, etc.

The students are free to use any combination of methods: e.g., cutouts from magazines, newspapers, samples of pollutants, etc.

## ECOLOGY EXHIBIT

## Student Activity

1. Students will select a specific pollution problem and, working in groups of two, prepare an exhibit on that health problem.

2. List of topics

   a. Noise

   b. Mercury pollution

   c. Phosphate problems caused by detergents

   d. Sewage

   e. Pesticides

   f. Solid wastes

   g. Air pollution

   h. Population explosion--effects on environment

   i. Radiation pollution

3. Materials on all these topics are to be made available to the students--plus library time so that they can research their topics.

Donora Fog October 26, 1948

Dramatis Personnae

- Dr. Ralph Koehler, 48
- Dr. Edward Roth, 45 -- His Associate
- Helen Stack, Receptionist, Secretary, Nurse
- August Chambon, Mayor of Donora
- John Volk, Chief Fireman of Donora
- Russel Davis, His Assistant
- Rudolph Schmerka, Undertaker of Donora
- Cora Vernon, Red Cross Director
- Reporter for the Donora Times

## Donora Fog

**REPORTER:** Donora, Pennsylvania is twenty-eight miles south of Pittsburgh on the Monongahela River. It's a harsh, gritty town of 12,300 people,most of whom work in the local steel mill. The huge mill that bristles with hundred-foot-high smoke stacks pour out great plumes of black, red, and yellow smoke. Donora has no radio or TV station. There is one newspaper. I'm a reporter for the Donora Times.

Donora isn't famous for much, but one thing we have more of than any place I know is fog and smoke. People are used to it, and even though it is sometimes so dim in town you can't see your hand in front of your face at high noon, we don't pay much attention to it. But October, 1948, was different. Everyone noticed how thick and sickly the air was and how dark it was on Main Street at two in the afternoon.

**DR. KOEHLER:** I've lived in Donora all my life and I've practiced medicine here for 25 years, but I never saw anything like that fog. I happened to look out my window and saw a freight train creeping along the river bank just south of town. It was the smoke that caught my eye. The smoke was pouring out of the stack but it didn't rise. I mean it didn't go up at all. It just spilled out over the lip of the stack like a liquid and rolled down to the ground and lay there. My God, it just lay there! I've got a heart condition, and I was so upset my heart began to act up. I had to sit down and rest for a minute.

**REPORTER:** (Aside, from the left of the stage)
We didn't know it then but Donora was having what meteorologists call a temperature inversion. That's a temporary reversal of the normal atmospheric condition, in which the air near the ground is warmer than the air higher up. It sort of keeps the air still and doesn't let the smoke and fumes be carried away. It was a pretty rare condition for Donora, but I understand it is very common in Los Angeles. This all came out at the investigation, later, after the tragedy.

**HELEN STACK:** I am a nurse/receptionist for Dr. Koehler and Dr. Roth. When I arrived that morning I noticed that everything was smeared with grime and dirt. It was not ordinary dirt, it was white and scummy-looking, and I remember thinking it was like ash

from the mill. My first cigarette that morning tasted awful and I had to put it out--it almost made me sick.

Our first patient came in gasping for breath and wheezing. He was the first of a steady stream of asthmatics and older people suffering from respiratory complaints.

**DR. ROTH:** I started to get patients in my office from three that afternoon. It was always the same story-coughing, choking, pain in the abdomen--sometimes nausea--trouble breathing--it was pretty bad. My phone started to ring and didn't stop all night. People all over town were suffering from the fog--choking and feeling miserable. I know that what ever it was, we were up against something serious. I was worried but not bewildered--it was obvious, all the symptoms pointed to it--the fog and smoke were to blame.

**HELEN STACK:** Both Dr. Koehler and Dr. Roth were pretty sick themselves that night, I don't know how they kept going. But they did--went on seeing patients all over town--coming back to the office to pick up drugs and supplies. I just stuck by the phone and tried to help the people who dragged themselves into the office looking for help.

**REPORTER:** It wasn't only the doctors in town who were busy. People were frightened and panicky, and turned to anyone who could give them some help. Our Fire Chief, John Volk and his Assistant Russel Davis were pretty busy,too.

**JOHN VOLK:** Russ and I were just setting down to have some coffee in the fire house when the phone rang. It wasn't any fire, though--it was a fellow up the street. The fog had got him. He said he was choking to death, couldn't get a doctor, and could he use our inhalator.

**RUSSEL DAVIS:** That guy was only the first. From then on it was one emergency call after another. I don't know how many calls we had,but I do know this: we used up all the oxygen we had on hand and had to send out for more from neighboring towns. I guess there must have been hundreds that got sick because of that fog.

**REPORTER:** That wasn't the half of it. It was really thousands rather than hundreds that had been ill during the fog. Nobody in town seemed to realize what was really happening. Everybody seemed to

think he was the only sick man. The investigation later showed how bad it really was. To the surprise of no one it was established that the affliction was an irritation of the respiratory tract. Its severity increased in proportion to the age of the victim and his pre-disposition to cardio-respiratory ailments. The ultimate cause of death was suffocation. Oh yes, in case you didn't know, we had deaths--many of them. Our undertaker, Rudolph Schmerka, can attest to that. He sure spent a couple of busy days.

**RUDOLPH SCHMERKA:** I remember the first one. I was called early in the morning, but in my profession you're used to being roused at night. But I was really surprised when thirty minutes later I was notified of another death. That doesn't usually happen in a small town like Donora. I was pretty sick myself that night, coughing and choking. It was all I could do to drag myself around to pick up the bodies. By ten the next morning I had nine bodies waiting here and I heard later that the two other morticians in town had one apiece.

**REPORTER:** Actually 6,000 people became ill and a total of twenty people died in that fog before it was all over. It might have been much worse if it hadn't been for the fine work of the doctors and John and Cora Vernon, the Red Cross Directors.

**CORA VERNON:** We don't have a hospital here, so my husband and I set up an emergency aid station in the Community Center. The American Legion arranged to have cars picking up patients and volunteer nurses to help out. The main thing was to try to give our town doctors some rest. They had been working steady for 36 hours or more. After I heard that people were dying and I realized how bad things were, I did the only things I could think of. I notified the State Health Department and I called a special meeting of the town council and the local Board of Health. I also notified the mill officials and I called a meeting for the first thing Sunday morning. I wanted to get the health officials, town administrators, and mill people all together so that we could find out what was causing this thing and what we could do to stop it.

**MAYOR CHAMBON:** As Mayor of Donora, I was at the meeting with the health and mill officials the next morning. We talked about the smoke from the mill and how that mixed with the fog and was probably the cause of the tragedy. I asked them to shut down the mill for the duration of the fog.

The mill officials told me they already had done it. They said they closed down even though it wasn't the mill smoke that was to blame, but I had a pretty good idea that the mill smoke was the main cause of our "killer fog."

**REPORTER:** The investigation of the disaster lasted over a year--it failed to determine the exact cause of the tragedy. It did show that although no single gas coming out of the mill's smoke stacks could have caused the "killer fog" by itself--the combination of all of the pollutants probably did it.

**MAYOR CHAMBON:** That investigation was probably the world's first examination of the problem of air pollution--and maybe one of the most thorough inquiries ever made in the field of public health. It involved the Bureau of Industrial Hygiene of the Pennsylvania Department of Health and the Division of Industrial Hygiene of the United States Public Health Service. There were nine engineers, seven physicians, six nurses, five chemists, three statisticians, two meteorologists, two dentists, and a veterinarian. It sure was thorough, and when it was all over Dr. Leonard Sheele, Surgeon General of the Service said, "One of the most important results of the study was to show us what we do not know."

**REPORTER:** We know a lot more about air pollution now and about what causes it. And there's a lot more of it all over the country. I pray that no other city has a "killer fog" like Donora. But, who knows--if the weather conditions are just right it could happen again. Maybe in your town!

## RESPIRATORY DISEASES

### Topic Outline

I. Air Pollution and Respiratory Diseases

- A. Air Pollution Disasters
- B. Causes of Air Pollution
- C. Possible Solutions

II. Health conditions which make certain individuals particularly susceptible to heavy smog attack

III. Sources of medical care

IV. Role of the inhalation therapist

V. Case Study presentations

- A. Emphysema
- B. Tuberculosis

## EMPHYSEMA

### Purpose

To integrate knowledge of the respiratory system with specific tasks associated with respiratory problems.

### Objective

The student should be able to describe the functions of the personnel involved in the hypothetical case.

The student should be able to perform tasks specified within the framework of the case.

The student should be able to analyze the relationship between specified tasks or jobs and patient care.

The student should be able to perform basic first aid tasks related to resuscitation.

## EMPHYSEMA

**Health Problem:**

Breathing difficulty due to Emphysema

**Facility:**

Hospital, outpatient clinic

### Profile

Alan Conrad was 59 years old. A history of heavy smoking from the age of 17, had contributed to making him an emphysema victim by the age of 54. He successfully fought the cigarette addiction, but the damage to his lungs had been done and was irreversible.

After the onset of this disease his life was a constant fight for survival, one of trying to maintain an adequate oxygen supply for his body. He could not work and could walk only a few blocks at a time. The slight increase in oxygen demand necessitated by simple physical exertion was beyond the capacity of his deteriorated lungs.

He lived a careful life, under constant medical supervision. When he awakened on the morning of October 14, he knew that the day would be hard for him. He could already see the first film of smog coating the city.

By 11:00 a.m., the smog was so heavy that radio broadcasters were warning people not to use their cars if not absolutely necessary.

Alan began to have more difficulty than usual in breathing and by 1:00 p.m., he knew he was in trouble. He began to gasp for breath and phoned his doctor. He was told to go immediately to the hospital outpatient clinic for emergency treatment. His doctor would meet him there.

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## STUDENT WORKSHEET

## Pulse and Respiration

A. Students work in pairs

1. While seated quietly have one student count and record the pulse of the other. At the same time the student being tested will count and record his own respiration rate.

2. They will then switch places and the second student will have his pulse and respiration rate recorded.

Use the following chart:

| | Pulse | Respiration |
|---|---|---|
| Student 1 | | |

| | Pulse | Respiration |
|---|---|---|
| Student 2 | | |

B. Before having pulse and respiration rate recorded again each student will exercise for one minute.* (Students with asthma or other breathing problems should not take part in this exercise)

Use the following chart:

| | Pulse | Respiration |
|---|---|---|
| Student 1 | | |

| | Pulse | Respiration |
|---|---|---|
| Student 2 | | |

*Teacher can suggest exercises, e.g., deep knee bends, touching toes, etc.

Answer the following questions:

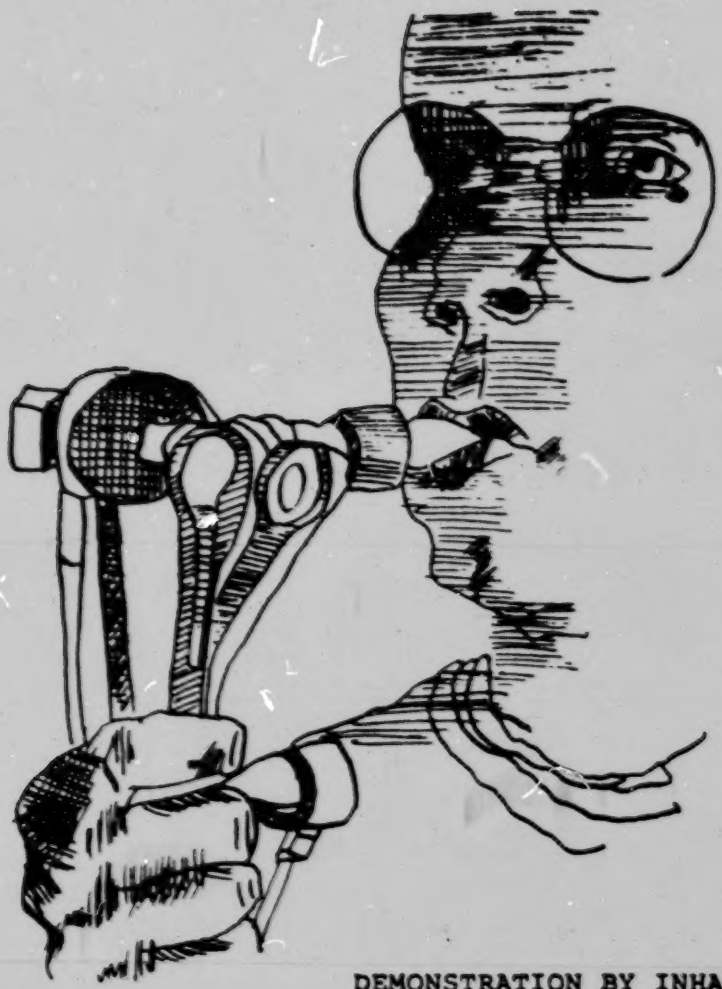
1. What was the result of exercise on the pulse and respiration rate?

2. Why did the breathing rate change?

3. Why did the pulse rate change?

4. What effect does the change in pulse rate have on the heart?

5. Why would it be important to increase exercise time gradually, especially when not used to strenuous exercise?



DEMONSTRATION BY INHALATION THERAPIST

Check the requirements for this job.

High School Diploma___
Two Year College Degree___
Four Year College Degree___
Graduate Degree___

AND/OR

Work Experience Needed ___None ___One Year ___Two or More Years
State Licensure___
State Certification___
Special Credential Needed___
(e.g., Teaching Credential)

# The Inhalation Therapist: Life May Depend On Him

Inhalation therapists treat patients with respiratory problems. This may range from giving relief to patients with chronic asthma or emphysema to giving emergency care in cases of heart failure, stroke, drowning, and shock.

A rapidly evolving field, inhalation therapy requires specially trained personnel to master the use of sophisticated equipment needed in treating many respiratory problems. The inhalation therapist is one of the first medical specialists called in for emergency treatment of acute respiratory conditions arising from head injury or drug poisoning. Moreover, the short span of time during which a patient can safely cease to breathe emphasizes the highly responsible role the inhalation therapist must play. If a patient does not breathe for three to five minutes, there is little chance of recovery without brain damage, and if oxygen is cut for 9 minutes he will die.

Inhalation therapists follow doctor's orders in giving medication to the patient through aerosols or using mists to help control the patient's environment. When administering gases to patients, the inhalation therapist assumes complete control over the patient's environment, including moistures and temperature.

Inhalation therapists may also be called upon to instruct physicians and nurses on the use of specialized inhalation equipment, and show patients and their families the proper use of home equipment. Other duties include keeping records of the cost of materials and charges to patients. Therapists are responsible for routine maintenance of their equipment.

**Training.** Most therapists who entered the job in the mid-1960's and before qualified through on-the-job training. Such training generally lasts about 1 year and is conducted by the chief therapist and medical supervisor. High school graduation is normally the minimum requirement for entrance.

Despite the predominance of on-the-job training in the late 1960's, the trend today is toward formalized accredited training. In 1969, over 50 approve schools trained inhalation therapists. These schools were approved by the Board of Schools of Inhalation Therapy. Courses vary in length between 18 months and 4 years and include both theory and clinical work. A bachelor's degree is awarded for completion of the 4-year program and lesser degrees for shorter courses. Basic courses are human anatomy and physiology, chemistry, physics, microbiology, and mathematics. Technical courses offered deal with procedures, equipment, and tests.

Inhalation therapists who complete formal training and have one year of experience are eligible to be registered by the American Registry of Inhalation Therapists (ARIT). Applicants must pass oral and written examinations. In 1969, over 500

herapists had been registered y the ARIT. An inhalation herapist who has been regis-ered often can advance faster nd obtain a higher position han others. An increasing num-er of employers recognize reg-tration by ARIT as a mark of andard qualifications.

Personal characteristics con-dered desirable for inhalation herapists include ability to ork with patients and under-and their physical and psycho-gical needs; mechanical ability; nd a sense of responsibility.

An estimated 10,000 inhala-on therapists were employed in 968. Most were employed in nesthesiology or pulmonary edicine departments of hospi-ls. Others were employed by xygen equipment rental com-anies, ambulance services, ursing homes, and universities. lost therapists are men; how-ver, an increasing number of vomen are entering the field. This change was caused in part by elimination of the need to handle heavy cylinders of gas.

Inhalation therapists can ad-vance to positions as assistant chief or chief therapist.

Besides employment in hospi-tals, inhalation therapists may find work in research or in col-lege teaching.

**Employment Outlook.** Employ-ment opportunities for inhala-tion therapists are expected to be excellent through the 1970's. Those therapists who complete formal training will be in de-mand to fill high-level supervi-sory positions. In the future, the use of inhalation therapists is expected to increase in relation to other health workers and to rise also from the increasing de-mand for health services in gen-eral. The expected rapid growth will also stem from realization that among benefits arising from employing specialists in inhala-tion therapy is releasing nurses and other personnel to perform their primary duties.

In addition, many openings will arise because of the need to replace those who retire, die, or leave the labor force for other reasons, especially for marriage and family responsibilities.

**Earnings.** The average month-ly starting salary of inhalation therapists working in hospitals in 1969 was about $470, accord-ing to the *National Survey of Hospital and Medical School Sal-aries*, a study made by the Uni-versity of Texas. Top salaries of inhalation therapists in hos-pitals ranged as high as $78[illegible] month.

The annual beginning salary for inhalation therapists employ-ed by the Federal Government was between $4,125 and $5,[illegible] in 1970, depending on general experience. Some therapists em-ployed by the Federal Govern-ment in 1970 earned as much as $9,881.

Inhalation therapists working in hospitals receive the same benefits as other hospital per-sonnel: hospitalization, paid va-cations, and sick leave. Some in-stitutions may provide tuition assistance or free courses, pen-sion programs, uniforms, and parking.

Information concerning em-ployment may be obtained from local hospitals. Facts are also available from:

American Association for
Inhalation Therapy
4075 Main Street
Riverside, California 92[illegible]

Information concerning re-quirements and equivalents of formal education needed for reg-istration may be obtained from:

American Registry of
Inhalation Therapists
709 South Tenth Street
LaCrosse, Wisconsin 54601

## CASE VI

# TUBERCULOSIS

## Purpose

To illustrate the connections between facilities such as school, hospital, and health department by following a case study of a reportable disease.

## Objectives

The student should be able to describe the functions of the personnel involved in the hypothetical case.

The student should be able to perform tasks specified within the framework of the case.

## CASE VI

## RESPIRATORY DISEASES

### Tuberculosis

**Health Problem:**

Tuberculosis: High school student has positive reaction to the Mantoux test.

Facility: School Health Office

### Profile

### The Tuberculosis Skin Test

Mr. Martin, a tenth grade Homeroom teacher, made an announcement concerning some special forms. They were to be taken home and given to a parent. If the parent gave consent, the forms were to be signed and returned to school.

Roy Johnson, fifteen, along with his classmates, scanned the form. It was a notice that a medical team would be at the school on a certain date to give free Tuberculosis skin tests. Roy was tempted to throw the paper away, but he was curious about the test. He could not remember whether he had ever had one before. He dicided to ask his mother when he reached home. His mother said that he had been tested when he was three years old.

All this talk about the skin test made Roy's mother realize how time had flown by. She could not believe that twelve years had passed since Roy was last examined for T.B. and, she was eager to take advantage of the opportunity the school was providing. She signed the slip, and Roy returned it to school. He then promptly forgot about it.

During third period English class on November 17, a notice came for Roy to report to the health office. It was not until he joined the line of waiting students in the health office, that he remembered the T.B. skin test. There were so many ahead of him, he never did get back to his third period class.

He didn't mind returning a day later to have his skin test "read," for it meant missing his turn at the blackboard. He had no idea how meaningful this day was to be for him, in terms of his future health.

The school nurse told Roy his skin test was positive and that further tests were now necessary.

The diagnostic tests required as follow up from the positive Mantoux test can be performed at a Health Department Clinic or at a Hospital. Roy's mother decided to have him go to the hospital.

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

Rx
Rx

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

# Public Health Nurse

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## CASE VII

## CHILDBIRTH

## MATERNAL AND CHILD HEALTH

### Purpose

To introduce the students to the medical specialities and allied health personnel involved in maternal and child care.

To discuss the components and stress the importance of good maternal and child care.

### Objectives

The student should be able to name the health occupations involved in the case.

The student should be able to name the major tasks performed by each health professional as discussed in the case.

The student should be able to identify the equipment and instruments required for task performance as specified in the case.

The student should be able to perform the specified task.

The student should be able to name community facilities and special Federal projects (Maternal and Infant Care Project) which provide maternal and child health services.

CASE VII

## MATERNAL AND CHILD CARE

Health Problem: Maternal Care - prenatal care, labor and delivery, and postnatal care.

Child Health (from the neonatal stage)

Facilities: Verification of Pregnancy
Prenatal Care

1. Private Medical Doctor
2. County Health Facility, including Youth Clinic
3. Multipurpose Facility or Neighborhood Health Center
4. Planned Parenthood
5. Outpatient Clinic
6. Labor and Delivery
7. Hospital
8. Postpartum Examination (Same as Verification of Pregnancy and Prenatal Care)
9. Well Baby Care
10. Outpatient Clinic
11. Private Medical Doctor
12. Multipurpose Facility or County Medical Clinic

### Profile

Mr. and Mrs. Sommers were married five years ago. Early this year they decided that they would like to have a baby. Six weeks ago, Mrs. Sommers had a menstrual period. Her usualy cycle has been 27 to 30 days. She finds herself feeling quite tired and has had days of feeling nauseated. She decided to see a physician and find out whether she is pregnant.

FIRST VISIT TO PHYSICIAN

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

# NUTRITIONIST

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

HEALTH EDUCATOR

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

Dentist & Assistant

What does this person do? (List Tasks) (Dentist)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks) (Assistant)

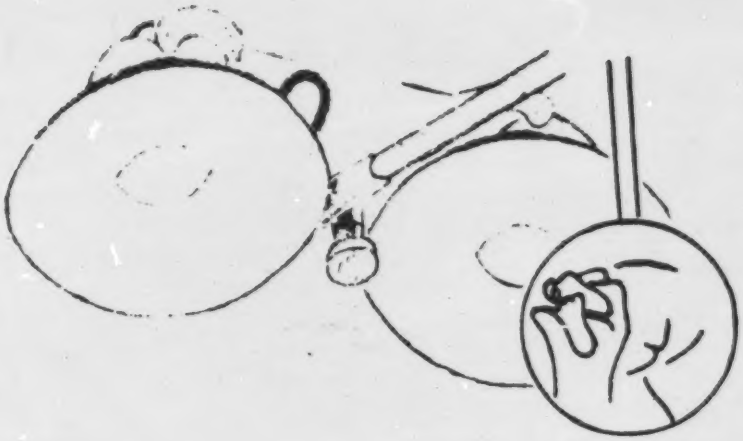
Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)



Obstetrician

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

OBSTETRICAL NURSE

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

# Family Planning Center

List the kinds of services this center provides:

PEDIATRICIAN

What does this person do? (List Tasks)

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## CASE VIII

## DRUG ABUSE

### Introduction

Every culture throughout recorded history has had a number of mentally and emotionally disturbed individuals. Treatment has varied according to the prevailing viewpoint of causality. Today, we know that such illness has many causes, including the stresses of a complex, rapidly changing society.

This unit concentrates on drug education, putting drug abuse into its true perspective as a character disorder. It is important to emphasize the criteria of an emotionally stable person and the exciting alternatives available to young people in lieu of drug use.

## CASE VIII

## DRUG ABUSE

## MENTAL HEALTH

**Health Problem:** Drug overdose from oral ingestion of barbituates.

**Facility:** Hospital Emergency Room Profile.

### Purpose

To introduce the student to the dangers of drugs as well as their beneficial uses.

To introduce the student to some of the occupations in the mental health field.

### Objectives

The student should be able to describe the functions of the personnel involved in the case.

The student should be able to perform tasks specified within the framework of the case.

### Profile

It started out as a gag. Everyone was bringing pills from home and would exchange them at the party Saturday night. John wasn't too thrilled about the idea, but not wanting to be considered chicken he said O.K. along with the others. Suddenly he had an idea. He would bring his mother's red-coated vitamin-C pills. He felt sure he could switch them for any pills he was given.

At the party, John had his substitute vitamins ready but never got to use them. It had been arranged that the girls and boys would "feed" each other the pills. John was chosen to be first. Carol had brought phenobarbital capsules; (no one else knew what kind of pills they were). John felt trapped, but was afraid to refuse. "Well, one won't hurt me", he thought, but the game continued, and after the second time around John didn't care anymore. Soon he lost count of how many pills he had swallowed. He began to stumble, dropped his coke, and suddenly fell to the floor. When the others couldn't rouse him after an hour they became frightened. Two friends volunteered to take him to the emergency room at the hospital. They made up a story about finding him this way and told the nurse in charge they thought it was an "overdose".

# DRUG ABUSE

## MENTAL HEALTH

### Topic Outline

I. The field of mental health includes the prevention, detection, treatment and rehabilitation of mental and emotional disorders.

   A. There are many causes of mental illness.

   B. Many factors have to be considered when releasing a patient from a mental hospital.

   C. Characteristics of an emotionally healthy person.

   D. Extent of the problem of mental illness.

   E. Classification of personality disorders.

II. Drug dependence--a form of character disorder.

   A. Facts about drugs.

   B. Case study of a drug overdose by oral ingestion.

M.D.~NURSE~ORDERLY
PUMPING STOMACH

1. What is going on?

2. Why is this necessary?

PSYCHIATRIST

**What does this person do? (List Tasks)**

Check the requirements for this job.

High School Diploma ____
Two Year College Degree ____
Four Year College Degree ____
Graduate Degree ____
and/or
Work Experience Needed ____None ____1 Year ____2 or More Years
State Licensure ____
State Certification ____
Special Credential Needed ____
(e.g. Teaching Credential)

## STUDENT ACTIVITY

## DRUGS

A. You (class) are all Health Educators concerned about the drug problem in your community.

You have the opportunity to make a slide show for teenagers about drugs and drug use, to help in drug education.

There are many aspects to the drug problem. Select a theme you think would be the most effective and valuable for your audience.

B. Following are possible subjects. You may have others.

1. There are many ways for getting a "high" without using drugs.

   Show all the alternatives available in life for rewarding and pleasurable experiences. For example: listening to music; dancing; being with friends; feeling healthy and energetic; being in a beautiful environment; earning money; reading a fascinating book; being involved in sports; etc.

2. Many people take drugs even when they don't want to, because of pressure from friends.

   Show all the ways that are used to pressure an individual into taking drugs--daring someone to use a drug, making him feel left out or square, making drugs easily available; encourage drugtaking as a rebellion against parents. Can end slide show with individuals turn into sheep, following one another.

3. Providing information about drugs.

   a) What they are.
   b) How they function.

4. Why people turn to drugs: to gain courage, to cop out, to do what everyone else is doing, etc.

5. Addiction--what can happen to a person who is "hooked".

6. Make drug use look ridiculous, childish, silly.

C. The class will vote on the theme to be developed.

D. After the class has selected a topic, the second hour will be spent developing visual materials.

1. Pictures from magazines.

2. Drawings.

3. Posters.

4. Any creative visual way they want to develop the idea.

5. Deciding on a title.

E. The items developed will be photographed on 35 mm slides.

F. The students will review the slides:

1. Select those slides that best tell the story, put slides in sequence.

2. Select an appropriate record to be played during the slide show.

## MENTAL HEALTH - COMMUNITY FACILITIES

A. Students will divide into small groups. Each group will be responsible for developing a case presentation for a selected health problem. Each group will be responsible for visiting the facility where the patient with the given health problem would receive care. The students will interview a staff member of the facility and inform themselves on:

1. Patient entry into the facility.
2. Treatment received and occupations, tasks, equipment involved in the treatment. (Refer to case development form.)
3. Referral out from facility, (if applicable).

Other information to be gathered should include:

1. General staffing pattern of facility.
2. General types of services - type of patient treated, problems handled, etc.
3. Eligibility for services.
4. Cost of services.
5. Hours service given.
6. Location and telephone number of facility.

Students should ask for copies of informational brochures relating to the facility.

B. Each group will present the case to the entire class.

C. A map of the school community should be prepared and hung on the board. Each facility will then be located on the map.

NOTE: The district Health Department has maps of the community. One student could be assigned to develop an enlargement of the map for classroom use.

# MODULE III

# THE HEALTH CARE COMMUNITY

MODULE III

## The Health Care Community

Unit 1. Preparation for Hospital Experience

1. Community Health Care Facilities
2. The Hospital Design
3. Work Readiness
   a. Medical-Legal Ethics
      1) "The Health Worker and the Law"
      2) "Introduction to Ethics in the Healing Arts"
   b. The Role of the Learner
   c. Hospital Assignments
      1) Reporting Procedures
      2) Time Cards
      3) Payroll

Unit 2. The Hospital Experience

Unit 3. Summation

THE HEALTH CARE COMMUNITY
Community Health Care Facilities

| STUDENT ACTIVITY | SUB-OBJECTIVES |
|---|---|
| Study the street map of your community.<br><br>Name health facilities in your community.<br><br>Locate these facilities with a pin on the map. Facilities of a given type should be located with the same color pin. For example, locate hospitals with red pins and mental health facilities with yellow pins. | Should be able to name and locate on a map health facilities in his community. |
| Discuss services offered at each type of facility.<br><br>Discuss referral patterns between facilities. For example, an older patient who was in a hospital for a heart condition may be released to an Extended-Care facility for follow-up nursing care. | Should be able to list the services offered at each type of facility. The student should be able to describe referral patterns between facilities. |
| Discuss whether there are adequate health facilities in the community to meet the needs of the residents. | Should be able to state whether there are adequate health facilities in his community to meet the health needs of the people. |

THE HEALTH CARE COMMUNITY
The Hospital Design

| STUDENT ACTIVITY | SUB-OBJECTIVES |
|---|---|
| Name departments in the hospital and classify each department according to the following categories:<br><br>Patient Care Services<br>Facility Support Services<br>Technical Services | Should be able to list departments in the hospital. |
| List occupations employed in each department. | Should be able to list the occupations employed by each department. |
| Review the functions of each occupation. | Should be able to state the functions of each occupation. |

THE HEALTH CARE COMMUNITY
Work Readiness
Hospital Assignments

| STUDENT ACTIVITY | SUB-OBJECTIVES |
|---|---|
| Record your assignments for each week. | Should be able to state his assignment for each week. |
| Record information relating to:<br>1. Reporting Procedures<br>2. Time Cards<br>3. Payroll | Should be able to state how he is to report to his assignment, how he is to keep track of his time, and how he will be paid. |

# THE HEALTH WORKER AND THE LAW

## I. DIRECTIONS TO THE STUDENT

Please read the following paragraphs carefully. They will tell you exactly what you are expected to know at the end of the unit. You will need the following items:

1. This programmed instruction unit, pen or pencil.
2. The Post-Test to be taken at the end of the lesson.

If you believe you would be wasting your time studying this unit because of your knowledge and previous experience in this area, please discuss with your instructor the possibility of omitting the reading of this unit and going directly to the post-test.

## II. GENERAL PERFORMANCE OBJECTIVE

You will give evidence of your knowledge of the law by answering successfully in a written exam questions based on definitions of legal terms and an understanding of legal problems which might occur during a patient-health worker relationship.

## III. SPECIFIC PERFORMANCE OBJECTIVES

In the written post-test you will answer with at least 80% accuracy questions related to the following capabilities. You will be able to:

1. Distinguish in a given situation who is the health worker.
2. Recognize the definition for the term "law" as used in this study.
3. List the main sources for the law and specifically "medical" law.
4. Demonstrate your knowledge of the rights of the individual under the law and how these rights might be violated if consent and medical orders are inadequate.
5. Recognize in given situations when an act can be interpreted as malpractice or negligence.
6. Distinguish civil from criminal law.
7. Demonstrate your knowledge of responsibility in relation to legal records.
8. List several basic rules to follow for the prevention of litigation.

## IV. VOCABULARY

assault------either a threat or an attempt to injure another in an illegal manner.

battery------unlawful touching of another person without his consent, with or without resultant injury. Assault and battery are often charged together because of successful attempt to injure.

civil law------pertains to legal relationships between private individuals.

common law------term given to unwritten law, customs with authority of law, or precedents established by judges and juries in past cases.

consent------permission granted by a person voluntarily and in his right mind. Written consent is safer because it is easier to prove.

crime------an act that is forbidden or the omission of a duty that is commanded by a public law and that makes the offender liable to punishment by that law.

criminal law------defines legal obligations between the individual citizen and the state; distinguished from civil law, which defines legal relationships between private individuals.

duty of care------the obligation under law for a nurse or other health worker to perform services for a patient which meet the common standards of practice expected in her community for a comparable worker.

ethics------the discipline dealing with what is good and bad, and with moral duty and obligations. A professional person is characterized by adherence to technical and ethical standards of a profession.

false imprisonment------holding or detaining a person against his will.

felony------a term used for serious crimes, ones for which the penalty is imprisonment in the state prison for more than one year, and possibly the death penalty.

invasion of privacy------a civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person.

libel------a civil wrong; to communicate in writing defamatory matter about an individual or group to a third party.

licensure------authorization by the state to practice one's profession or vocation. Involves control of educational standards, licensing examinations, and prohibitions for individuals who are not licensed.

litigation------another term for law suit.

malpractice------literally "bad practice," it has come to mean professional care that has led to injury, due to faulty practice or neglect.

misdemeanor------a term used for crimes less serious than felonies; they are punishable by imprisonment in the county jail for a term of less than one year.

negligence------failure to perform in a reasonably prudent manner.

privileged communication------any personal or private information which is relevant to his care,given by a patient to medical personnel.

reasonable care------(Refer to definition for duty of care.) The health worker is protected by law if it can be determined that she acted reasonably as compared with fellow workers; the patient is protected by recognition of the health worker's responsbility for duty of care.

slander------spoken statement of false charges or misrepresentations which defame or damage another's reputation as distinguished from libel, which is written.

statutory law------that law which has been enacted by a legislative branch of the government.

tort------a civil wrong; it may also be a crime.

will------a written document legally executed by which a person makes disposition of his property to take effect after his death.

NOTE: The student should be aware that these definitions are simplified for the sake of this introductory study.

V. INTRODUCTION

As a new worker in the health field it is important for you to become aware of the problems which may occur when you care for patients. The purpose of this instructional unit is to provide you with information that will assist you in identifying and preventing medical-legal problems.

It may be disturbing to realize that although you and your classmates are here to learn specific techniques and procedures used in caring for patients, there is a need for concern about the threat of medical-legal problems which could arise in your daily work.

A health worker may be defined as anyone who comes in contact with the patient, to serve him and to have access to his records. As a consequence, the patient must place great trust in the health worker. Violation of the patient's trust and confidence by the health worker may be interpreted as an illegal or immoral act.

Before presenting information relating to the health worker and the law, a brief look is required at the types of law which are encountered in everyday living. This will serve as a foundation for the more specific instructions to follow.

The word "law" may be used in different ways. For example, there are physical laws, such as the law of gravity; moral laws, such as the law of Moses; common law (unwritten law), based on custom and precedent, which consitutes the foundation of our country's legal system; and statutory or legislative laws which are written laws passed by the legislative branch of government, both federal and state.

You should now know and understnad the following definitions: health worker, physical law, moral law, common law, and statutory law. If you cannot define these terms or think of examples of each, re-read this introduction and the vocabulary. You may ask your instructor for additional resources.

Item 1: Protective Laws

When a patient places himself in our hands, he expects us to protect his life and all his human rights under the law. You can see how great our responsibility is to him. The law tries to protect the patient and the health worker as well by setting up standards and licensure for medical care.

The concept of basic human rights has slowly developed and is now widely accepted throughout the country.

We may think of this as a Bill of Rights for Patients. Certain basic rights are assured. It sometimes happens, however, that to give good health care these rights must be limited. For example, a patient's basic right of freedom is interfered with to provide him with medically indicated bed-rest. If bed-rest is needed, there must be a patient's consent as well as a doctor's order for the health worker to follow. Patients usually sign a general admission agreement when entering a health agency for treatment. If the patient does not voluntarily agree to sign the consent, the doctor and the health agency could be guilty of false imprisonment.

We must be doubly careful in any patient care situation which involves detaining or restraining a patient. For example, protective restraints are often used to remind a patient to hold his arm still while he is receiving intravenous fluids. Protective restraints may be used to restrain an elderly, irritating patient. In such a case, "protective restraints" may be questionable. Are they used to protect the patient or to prevent annoyance to the health care team?

There may be additional ways of violating a patient's rights, e.g., assault and battery. "Assault" is the handling of a patient with the threat to do harm or to restrain him forcibly. An example of a threat could be, "If you don't stay in your room, we'll put you in restraints."

As an extension of the verbal threat, there may be actual illegal bodily contact without the patient's consent; in this case the action is called "battery." An example of this situation occurs in Emergency Rooms when patients are brought in by the Police Department to have blood drawn for testing on a drunk driving charge. The procedure cannot be carried out without the patient's consent, unless he has been arrested, charged, and taken into police custody. When someone breaks the law the status of his basic rights changes.

However, some patients must be restrained to protect themselves and others. This is often true with confused, disoriented patients. In such cases, be sure your judgment is correct and that you have the proper authorization to restrain.

It is important that you understand from the foregoing paragraphs that there is protection for all. The patient is not to be coerced and the health worker must be carrying out valid orders.

Gossiping about a patient is another important area in which you must be extremely careful of the patient's rights. Gossip may be considered "defamation of character." A carelessly spoken word can be judged "defamation by slander."

A written entry in a patient's chart such as "patient was a cranky old so-and-so today," is considered written defamation and is called "libel." It can be declared an illegal act.

As you care for patients, you will often be entrusted with personal information, especially relating to their condition. This is called "privileged communication" and must be held in absolute confidence. You have heard about privileged communication in the context of clergyman, lawyers, doctors, news reporters, etc. Now you, too, will have this responsibility.

The last in our list of abuses of a patient's rights is the "invasion of privacy," as a person in a specified location, or with certain information. An example of this could be a press photographer bursting into the patient's room following admission after a spectacular car wreck in which all other persons involved were killed. It is your responsibility as a health worker to protect your patient from this.

It is often difficult to analyze the patient's basic rights in light of prescribed medical services. In the next section we will consider the quality of care the patient receives and what the law says about it.

However, before moving on to the next section, you should be able to define and give an example of the following terms: standards and licensing laws, Bill of Rights, right of freedom, false imprisonment, assault, battery, slander, libel, privileged communication, and invasion of privacy. If you cannot define these terms, re-read this secion. If you can, then proceed with the next section.

Item 2: Legal Judgments

Many a judge has been faced with the dilemma of ascertaining that the patient is guaranteed safe care while the conscientious health worker is protected from lawsuits.

The patient is legally entitled to good care; he pays for it and expects it. The law supports the patient and makes the health worker responsible for "duty of care."

On the other hand, the health worker is protected by the concept of "reasonable care." This is a standard which states that the level of care must be equal to the care given by a comparable worker in similar circumstances.

If the health worker does not meet this standard of reasonable care and if harm therefore comes to the patient, the worker may ultimately be judged negligent. Negligence may be failure to give reasonable care or giving unreasonable care.

The terms "negligence" and "malpractice" are sometimes hard to distinguish. For most purposes, the term malpractice has come to mean professional care which is below the standard expected by the community. In other words, mal = bad, or faulty practice.

To clarify these terms, let's look at the following examples:

When a nurse failed to give a prescribed medicine or treatment, negligence was involved because she overlooked it or perhaps ran out of time on her shift.

Malpractice, on the other hand, would be giving the wrong medication or treatment to the patient.

It is customary to hold the person with the highest level of training and licensure responsible for the consequences of what he does or neglects to do. The registered nurse is responsible for the care of patients on her assigned list, even through other workers, such as the NA or LPN (LVN) perform some of the duties. She is the one ultimately held responsible. This is not meant to indicate, however, that persons of lesser training or licensure would not be held responsible for their own actions. It simply means that the person of the highest level of education and licensure is the final person to be held responsible--often it may be the physician. This concept deals with the chain of command; i.e., the person to whom one is directly responsible for one's actions.

Before leaving the subject of negligence and the possibility of being sued by a patient (commonly called a lawsuit or litigation), let us consider the seriousness with which a lawsuit may be treated by the court.

If the degree of injury to the patient is slight and the intention of the health worker was not to harm, the law may be able to keep the entire litigation between the patient and the health worker instead of going to court. In this case, the accusation is called a "tort," is treated under civil law, and is known as a civil suit.

On the other hand, if it is shown that the health worker intended to injure the patient, the case is removed from settlement by civil law and becomes a criminal suit. The defendant has not only injured a person (patient) but has committed an unlawful act against society.

It is understandable that the more serious the crime, the more severe the punishment. Serious crimes are called felonies, while lesser crimes are called misdemeanors. Both types are handled under the criminal law procedures.

The section on legal judgments is now complete. You have received information on many complex concepts. Before moving on to the next section, be sure you can give a definition and example of each of the following terms: duty of care, reasonable care, negligence, malpractice, lawsuit, litigation, tort, civil law, criminal law, felony, and misdemeanor. If you know these terms, continue with the next section.

Item 3: Legal Documents

As a health worker, you may handle or be responsible for certain documents, records, and legal papers. Three important documents you will handle are the patient's chart, the written consents, and his will.

When the term "legal document" is used, it indicates that it is acceptable in courts of law as evidence of truth, the real thing; it is above reproach, and is subject to the scrutiny and standards of any legal person.

Let us examine a patient's chart in these terms. Is it complete? Is it signed? Is it in ink and in no way altered? These are questions asked when determining whether it is an acceptable legal document.

In other words, if the health worker were to appear in court, the lawyer showing an entry in the patient's chart would be expected to ask, "Is this your signature? What did you mean by what you said here?" Later in this course you will learn to chart your nursing care on the patient's chart. With the knowledge you have gained from this unit, you will be more aware of how important it is to chart legibly, accurately, and according to prescribed charting rules.

Another very important legal record is the "signed consent." In court action, the lawyer can be expected to ask any or all of the following questions:

"Is there a consent form available for use in this instance?"

"Was the patient competent to sign?" (He was not disoriented, confused, etc.)

"If the patient was not competent to sign, is the signature on the consent that of the legally authorized person?" (Specific information on this subject is discussed in a later unit on consents, releases, and incidents.)

"Did the patient consent to what was done, or can this consent be otherwise interpreted?"

"Was the consent signed before the treatment was given?"

Without proper consents signed by the patient, we can be accused of illegal acts (there are certain agency rules about who may witness consents; these will also be discussed in the unit on consents, etc.).

Another important document is the will. You may be asked to witness a patient's signature when he signs a will. According to law, a will must be signed in ink, signed voluntarily by the patient while in sound mind, and witnessed by at least two persons over the age of 21.

The health worker may be required to witness a signature on a will. Follow the agency procedure. Many agencies designate one individual who may be permitted to sign as a witness to a signature on a will.

Perhaps you can think of ways in which you might prevent becoming involved in a lawsuit? If you responded with comments along the following lines, you are to be commended for your understanding of your legal responsibilities for your patient's care:

> "I will be a conscientious worker because the patient is my responsibility, no matter how I feel or how distracted I am."
>
> "I will be observant of the patient's rights and avoid any violation of them."
>
> "I will be careful with the paperwork for which I will be responsible. I will do all in my power to see that all documents are legally correct."
>
> "I understand what is meant by chain-of-command. In the future I will do only those things for which I have been trained and supervised to do."

Item 4: Conclusion

You have completed the lesson on the Health Worker and the Law. You should have a good idea of the law as it relates to you while performing your job of caring for patients. Hopefully you are now aware of how important it is to do your best. Always be mindful that in your work in the health field, you are entrusted with the care of another person, and this is the most precious trust in life. In the next unit we will discuss ethics and how it differs from law and what your ethical responsibilities will be in caring for your patient.

When you feel sure you understand this lesson, ask your instructor to allow you to take the post-test. You will be expected to pass the test with at least 80% correct answers.

## VI. ADDITIONAL INFORMATION FOR ENRICHMENT

The material presented in this unit is very complicated. You may be interested in learning more about your legal responsibilities as a health worker; if so, ask your instructor for additional reading assignments.

# INTRODUCTION TO ETHICS IN THE HEALING ARTS

## I. DIRECTIONS TO THE STUDENT

Please read the general and specific objectives carefully. Study the vocabulary, and proceed through the lesson as directed.

## II. GENERAL PERFORMANCE OBJECTIVE

You will demonstrate your understanding of the importance of ethics in the role of the health-related hospital worker. You will answer questions to demonstrate understanding of ethical behavior in health service situations.

## III. SPECIFIC PERFORMANCE OBJECTIVES

In a testing situation, you should answer with 80 percent accuracy written questions about:

1. The definition of ethics.
2. The difference between legal aspects and ethical considerations.
3. Persons who make up the health team.
4. The necessity for and utilization of ethics in hospital situations.
5. Application of ethical behavior guidelines in judging appropriate choices of action in eight hypothetical health-related situations.

## IV. VOCABULARY

breach------breaking (infraction) of a law, or of any obligation, tie or contract.

complex------not simple; complicated.

conduct------one's actions in general; behavior.

custom------long established practice; an accepted behavior.

dependent------having to rely on another person for help or support.

employee------one who is hired for a specific job or type of work.

employer------one who hires another for a specific job or type of work.

ethics------a code of conduct for a particular group representing ideal behavior.

expire------to cease; to die.

hygiene------rules designed for the promotion of health; sanitary science.

hypothetical------for the purpose of reasoning; fictitious with a logical purpose.

ideal------a standard of perfection or excellence.

overt------open; not hidden.

solvent------solution which dissolves a substance, converting it to a liquid.

status------position of affairs of a person.

unethical------not ethical; not representative of ideal behavior.

utilization------to make use of.

value system------behavior, pattern of conduct, or ideas that are accepted as worthwhile or meaningful.

V.N. student------vocational nursing student. When they complete their course and become licensed, they are called LPN's. All states except California and Texas call this practitioner LPN (Licensed Practical Nurse). They are graduates of an accredited one-year nursing program.

V. DRAMATIZATION

| | |
|---|---|
| MISS JOHNSON, Instructor | We're happy to have the nursing students from the Community College join our hospital orientation session for new employees. Technically, the students are not employees of our Hospital, but they do have their clinical assignments here, and are therefore part of the hospital team. Out topic for discussion today is Introduction to Ethics in the Healing Arts. |
| MISS SMITH, V.N. Student | Miss Johnson, what does "Ethics" mean? |
| MISS JOHNSON | It comes from a Greek word that means "custom". There are many definitions we could use, but let's try this one: "Ethics is a code of behavior that represents the IDEAL conduct for a particular group." |

MISS McGUIRE, V.N. Student II — Well, I expect to become a Licensed Vocational Nurse (LPN), so will my ethical conduct be different from yours as a Registered Nurse?

MISS JOHNSON — Each profession or vocation requiring a license in the health occupations has a written Code of Conduct that has been approved and adopted by its membership. These codes, whether for the Physician, Registered Nurse, Licensed Practical Nurse or other group have many things in common. For example: (1) the rules are based on reason, good judgment, and an understanding of the difference between right and wrong behavior; (2) they strive to respect the dignity and rights of the individual patient.

MISS SMITH, V.N. Student — I've noticed that I have a tendency to judge all nurses by the actions of the few I know.

MISS JOHNSON — That's a common reaction and one good reason for each member of a group to strive for ideal behavior. Ethical conduct by the individual members of the group presents the whole group in a favorable light to the public.

MRS. DEEDS, Housekeeper Assistant — What do you mean by right and wrong? Maybe what is right for me is not right for you.

MISS JOHNSON — It is true that every person has his own "customs" and perhaps his own value system for what is right or wrong based upon his personal life experiences. However, by accepting employment in a hospital, the worker must accept the "ethics" or "customs" required by the employer.

MR. THOMAS Orderly — Why are ethics necessary? Couldn't the employer just give us a handbook of rules when we apply for a job?

MISS JOHNSON — Sometimes this is done, but through the ages societies and groups have had codes of conduct as a method of preventing friction between people, improving personal and group status, and encouraging growth or development in one's life. For example, Hippocrates, the Greek Father of Medicine, proposed a code of conduct for physicians before the birth of Christ!

MISS SMITH V.N. Student — I'd like to know how ethical conduct differs from my legal requirements as a hospital employee.

MISS JOHNSON — That is a point which needs careful explaining. Ethical conduct codes are written and adopted by the membership of the groups. Ideal behavior is encouraged through education, example, and discussion. Hopefully, enforcement is seldom needed. But sometimes a person whose conduct is highly unethical may be disciplined by the group or even lose his membership in the group.

As one of you mentioned earlier, the group is judged by the behavior of its members, so an unethical member is expected to conform or lose his membership privileges. None of you is as yet a member of a professional group, but you are members of the hospital group and as such, unethical conduct which reflects upon the hospital could result in reprimand or expulsion from the hospital--that is, loss of employment.

**MRS. SAYRE**
**New LVN**

Miss Johnson, could you explain this a little more and perhaps give us some examples of the difference between unethical and illegal conduct.

**MISS JOHNSON**

Ethics has to do with our moral responsibilities or behavior as we said, and violation of an ethical concept means that we are not living up to ideal moral or ethical behavior. Legal requirements (laws) are set by the society as a whole, that is, by national, state, or local governments. Violation of these laws places the guilty person in trouble with the law enforcement agencies. For example: ethical conduct for a Registered Nurse or Licensed Practical Nurse requires that the uniform and cap should not be worn in public places. A nurse who does so is unethical, but she has not violated any laws that will cause her to be arrested. However, if the nurse takes money from the wallet of an unconscious patient, she has violated the law, and the action could result in her arrest and punishment. She has, of course, also committed a serious breach of ethics by her lack of ideal conduct.

**MR. THOMAS**
**Orderly**

I don't seem to fit in any group. I don't wear a cap, and I'm not an RN nor an LVN. Where do I get my ethical guidelines?

**MISS JOHNSON**

As an orderly giving direct patient care, you belong to the Hospital Group. And since you will be working under the direct supervision of the Registered Nurse and also with the Licensed Vocational Nurses, why don't you read the Codes of Ethics for these two groups?

Turn to the appendix at the end of this unit and read the International Code of Nursing Ethics and the Code of Ethics for the Licensed Practical Nurse.

When you have completed these two codes, complete the following questions.

1. Ethics is a code of _____ that represents _____ behavior for a particular _____.

2. A violation of ethical behavior may result in discipline by _____.

3. A violation of a legal requirement might result in discipline by _____.

MISS JOHNSON — Now that you have read two Codes of Conduct for some groups of health workers, let's continue our conversation by making a list of specific situations where a hospital worker would have to make a choice in his or her behavior, based upon an ethical judgment. Mr. Thomas, can you name a principle or situation that you have experienced along this line?

MR. THOMAS, Orderly — Yes, I must give the best possible care to each patient regardless of his financial status, religion, race or creed.

MISS JOHNSON — Very good.

MR. THOMAS, Orderly — And I must respect his religious beliefs and try not to convert him to mine.

MRS. SAYRE New LVN — That certainly follows our basic guideline of respecting the dignity and basic rights of the individual.

MISS JOHNSON — Mrs. Harmon, how do you think that "ethics" affect your relationship with your employer?

MRS. HARMON — I guess I should report for work on time, and not leave early, and not take time off unless I'm really ill.

MRS. WALTERS Nurse Aide — How about doing a day's work for a day's pay, and always doing your share of work so that your co-workers can rely on you?

MRS. HARMON — I think that would be fair to everyone.

V.N. STUDENT — Miss Johnson, I'd like to add to that list. You told us in class that we must stay with our patient if needed until relieved; isn't that part of ethical conduct, too?

MISS JOHNSON — Yes. If you were to leave before your relief came, and your patient suffered harm, it might also carry a legal penalty. So you see that the line between ethical (ideal) behavior and legal requirements is sometimes a little hazy. However, the worker who consistently holds to ideal behavior should not have to worry about meeting the requirements of the law. Miss Andrews, you had your hand up.

MISS ANDREWS — I read in the employee's handbook that I can't wear any jewelry on duty, nor any nail polish except very pale or clear. Why is that in the handbook?

MISS JOHNSON

The hospital worker's uniform is designed so that it can be easily cleaned to help the worker maintain a well-groomed and immaculate appearance. Unnecessary adornment such as floppy handkerchiefs, jewelry, etc., increase the difficulty of keeping clean, and are usually not permitted with the uniform. Soiled uniforms, jewelry, and other adornments may carry germs which can cause disease or infection. It is your ethical duty to prevent the transfer of germs from patient to patient. This can be easily done by keeping your uniform and hands clean. Organized nursing has had its roots in both military and religious disciplines and adhered quite strictly to the dignity of the uniform as a "symbol" of the profession. However, a great deal more latitude is allowed now--the introduction of pantsuits and colored hose, are two examples. Although there is a gradual decrease in strict adherence to the symbolic uniform, you must still adhere to the basic principles of cleanliness to prevent disease and infections for your own protection as well as the protection of your patients.

In some agencies, particularly in caring for children or the emotionally ill, the nurses wear streetclothes or colored uniforms without the cap. Your employer has the right to establish the standards of apparel for his employees and by accepting employment, you have agreed to accept such standards. Another point about uniforms, try to wear your uniform only to and from work, and not to the grocery store or on shopping errands. When a hospital worker wears his identifying uniform outside of the health setting it is similar to a doctor wearing his stethoscope and carrying his "black bag" to do his errands. Items used in our work often become contaminated with germs and we may carry them to the unsuspecting public when we wear our duty clothes and equipment in public places.

Nail polish is affected by some of the solvents we use and is difficult to keep it undamaged and attractive. Therefore, it is usually neater and less bothersome for you if you do not use nail polish on duty.

MRS. BOYD
Nurse Assistant

Does personal grooming come under the topic of ethics?

MISS JOHNSON

I would think so. Good hygiene and careful attention to cleanliness and grooming make your patient's environment more pleasant. He surely is entitled to that. Incidentally, good grooming includes careful and minimum use of cosmetics--avoid heavy eye make-up, obvious perfumes, extremes of any sort--which are not in good taste for wear in any situation. Frequently, cosmetics have a heavy, sweet odor, which is often

nauseating to an ill patient. Therefore, if you are concerned about your patient's welfare, you will refrain from excessive use of cosmetics.

MRS. BOYD, Nurse Assistant — Miss Johnson, last week Mr. Goldrocks tried to give me two dollars when I finished his bathtime care. I told him I wasn't permitted to accept it. How could I have handled this situation better?

MISS JOHNSON — Did you notice in the codes of ethics we read that you are supposed to accept only the money given by your employer? Tipping to ensure service could be disastrous in a hospital, couldn't it? It would violate the fundamental concepts of ethics--respect for the dignity and basic rights of the person. How do you think you would react in such a situation?

MISS SMITH, V.N. Student — Maybe I could let my patient know that it is my pleasure, not only my job, to assist him. I can let him know this by my attitude, and how I respond to his needs.

MISS McGUIRE V.N. Student II — I think I might suggest that if he feels like making a cash donation, perhaps he would like to give it to the hospital fund for furnishing the new patient lounge, or whatever current project the hospital has. I think there is a difference between a patient offering me a gift or money when he first comes into the hospital, and if he leaves a handkerchief, card, or candy when he leaves. It is unethical to accept the latter?

MISS JOHNSON — I don't think so, Miss McGuire, because if the patient has gone home he could hardly expect preferential service as a result of his gift. It would be nice though, if you received a gift, to share it with the other team members who also cared for the patient. I guess that would be following the Golden Rule.

MRS. ACALA Diet Assistant — Something I saw yesterday bothers me. One of the hospital workers took the dessert from a patient's tray and put it in the utility room, and later I saw her eating it.

MISS JOHNSON — Of course, we don't know all the circumstances, but taking what is not ours is called stealing, and that is a violation of law. I wonder if the worker would have openly eaten the dessert if the head nurse or hospital administrator had been present? You are not responsible for the actions of others, but by being responsible for your own actions--you set a good example for others. In some agencies, eating food from a patient's tray is considered cause for immediate termination from your job.

MR. THOMAS
Orderly

What should be done when a person observes someone violating either the law or ethical concepts; doesn't it give consent if nothing is done?

MISS JOHNSON

You are full of hard questions today, Mr. Thomas. No list of rules could be given that would fit every circumstance. Who is involved, the nature of the infraction, and the circumstances must all be taken into consideration. Sometimes it is best to speak directly to the person involved and allow him a chance to alter his behavior, and sometimes a private discussion with your superior will give you appropriate help in deciding what to do.

One of your most important legal and ethical responsibilities in a health care situation is to guard the privacy of your patient. Privacy is one of his basic rights. When a person is sick, he is dependent upon other people to do many things that he cannot do himself. He is entitled to privacy in all respects--about his condition, personal data, his illness, and everything that you might learn because he is a patient. Sometimes it is tempting when a hospital worker is "on the outside" to reveal information about patients. It is exciting to tell something nobody else knows. This is illegal in some instances, and unethical in all instances.

MRS. DEEDS
Housekeeping Assistant

Sometimes patients ask me questions when I'm cleaning their rooms. Last week one of them asked me if the patient across the hall had died. I didn't know what to say, although I had just finished cleaning his unit after he was taken away.

MISS JOHNSON

Patients are often curious about other patients, particularly about one who is very ill or may have expired. Your ingenuity will be challenged to evade the question, and not appear rude, or dishonest. How do you class members think Mrs. Deeds might have answered her patient?

MISS McGUIRE
V.N. Student II

Could she have evaded answering by saying something like, "I'm not involved with assigning patients their rooms or in moving them from one room to another."

MISS SMITH
V.N. Student

How about a simple courteous "I don't know."

MISS JOHNSON

That could be a truthful reply, for perhaps the patient did not expire, but was moved to the intensive care unit, or to some other room.

MR. TROYLE
Mantenance Man

I'm a new employee, and my neighbor was hurt in an accident and brought here. I was looking at his chart to see how he was and the head nurse jumped all over me.

MISS JOHNSON

Some of you will see information on a patient's chart. You may have reason to use the chart or to see it by accident. Unless your work requires you to make notations on the chart or to use it in order to give care to the patient, do not read it or even take it from the chart rack. The chart is a legal document, belongs to the hospital, and the material in it is known as "privileged information"--that is, it is very private and is meant only for those people who need it to care for the patient. Privacy of everything surrounding the patient is his right.

Another point about privacy. It is highly unethical to discuss your patients in the cafeteria, hallways, or public places. Family and friends often overhear conversations and misunderstand what is said. Sometimes they think you are talking about their loved one or friend. Loose gossip can be very upsetting to others. Guard your conversation at all times! Discussion of your patients should be limited to those team members who assist or share in his care and then the discussion should occur in the appropriate place, so it is not overheard and misinterpreted by outsiders.

MISS BOYNE
Ward Clerk

I think the topic of ethics is quite complex, but I'm glad we had this class today, because I have some guidelines to help me in my work. I'm going to try to be an ideal employee because it should help to keep me out of trouble with my employer and the law.

MISS JOHNSON

No doubt that is true, but aren't there other good reasons?

MRS. BOYD
Nurse Assistant

Yes, I feel good when I know I'm doing the right thing and when I have done a good job.

MISS JOHNSON

We have made quite a list of ethical guidelines today from our discussion. We can summarize by saying: Whenever you are faced with a situation involving making a moral, or ethical, decision, ask yourself these questions:

1. How will my action or choice affect the patient?

2. How will my action or choice affect my employer or co-workers?

3. How will my action or choice affect me?

If your answer to all three questions is positive, your behavior would uphold the dignity and basic rights of the patient and your employer and maintain your own self-respect, and you have probably made a sound choice.

Let's try out our new concepts of ethics by reading the following hypothetical situations and filling in the blanks or circling the appropriate underlined word or words.

Situation A.

A patient in Room 201 is in critical condition, and although you have not cared for him, you have heard one of the other nurses mention that the doctor feels the patient will not live much longer. A relative of the patient asks you in the corridor if Mr. Brown has improved. Your answer might be: "You probably should speak to the doctor about that." Ethically, who is being considered here?

1. _____ 2. _____

3. _____

4. In any situation where the answer is not clear to you, it is appropriate to refer the question to your (supervisor) (co-worker).

5. In doing the above, you recognize your (legal) (ethical) (both legal and ethical) limitations.

Situation B.

A young girl has been brought in by ambulance to the Emergency Room. You are the ward clerk there and note that she has swallowed a small glass of turpentine and is now having her stomach emptied of its contents. When you go to lunch that day, the other ward clerks want to know why the ambulance had its sirens sounding, how old the girl is, and why she was brought in. Since this was an attempted suicide, the police reporters were also in the hallway. You were the person who recorded the emergency room notes and so you have some information. When asked why the girl took the turpentine, you might answer: (Cirle the letter of correct answer)

1. (A) I assume because she is pregnant and unmarried.
   (B) She must have had a desire to die.
   (C) This information is confidential.

2. In this situation, to discuss the patient not only violates her right to privacy, but could result in a (legal action) (loss of employment) (both of these).

Situation C.

Carol Brown, nurse aide, has always been conscientious and reliable in her work habits. She is scheduled to work on the weekend and receives an invitation from an old friend to spend the weekend at Yosemite National Park. Carol has never been to Yosemite and does not often have such opportunities. She ponders long and hard before arriving at a decision. Persons considered in her decision making would be:

1. _____ 2. _____

3. _____

Situation D.

Mr. Grimm in Room 410 always orders his meals from the hospital's special gourmet menu. At noon on Sunday he didn't touch any of the food although the dinner was excellent. The filet and strawberry pie were indeed tempting. You are the dietary aide who is responsible for taking trays back to the kitchen. In an effort not to waste such delectable food, you decide: (Circle correct letter)

1. (A) To eat it yourself.
   (B) To give it to a fellow employee who is quite needy and doesn't eat properly.
   (C) To ask the dietician to confer with the patient about ordering smaller portions.

Situation E.

Your doctor has observed that you are very tense about your job as a ward clerk in the hospital unit, and has recommended a common tranquilizer for you to take three times a day. You know that often when patients go home, they leave their medications, which are then returned to the pharmacy. You ask the medication nurse if when these tranquilizers are left on a patient's discharge, she could just give them to you, saving you the expense of having your prescription filled.

1. This is a distinct breach of _____ on your part.

2. Your ethical behavior is lowered. However, if the nurse grants your request, she is prescribing or dispensing medicine without a license and this is a _____ offense.

Situation F.

You are a nurse's aide and have cared daily for Mrs. Johann. She has come to rely on you, and when she is ready to go home, wants

to give you a sum of money in appreciation for the "lovely things you have done for her." (Circle the correct letter)

1. (A) You must explain to her that the service is part of her care.
   (B) You are paid a salary for giving service and patients pay for their care also.
   (C) Accept the gift of money and tell nobody so that no one else will feel hurt that she selected only you.

Situation G.

Mrs. Johann insists you must take the money or you will hurt her feelings. Therefore you: (Circle the correct letter)

1. (A) Tell her of some specific need the hospital has to which she could make a contribution.
   (B) Suggest a fund in her name with suitable recognition.
   (C) Accept the gift so that there are no hurt feelings anywhere in the situation.

AHPP
Rev. 5/71
LAW:mh

## CODE OF ETHICS FOR THE LICENSED PRACTICAL NURSE

### Adopted by The National Federation of Licensed Practical Nurses

The Licensed Practical Nurse shall:

1. Practice her profession with integrity.
2. Be loyal to the physician, to the patient, and to her employer.
3. Strive to know her limitations and to stay within the bounds of these limitations.
4. Be sincere in the performance of her duties and generous in rendering service.
5. Consider no duty too menial if it contributes to the welfare and comfort of her patient.
6. Accept only that monetary compensation which is provided for in the contract under which she is employed, and she does not solicit gifts.
7. Hold in confidence all information entrusted to her.
8. Be a good citizen.
9. Participate in and share responsibility of meeting health needs.
10. Faithfully carry out the orders of the physician or registered nurse under whom she serves.
11. Refrain from entering into conversation with the patient about personal experiences, personal problems, and personal ailments.
12. Abstain from administering self-medications, and in event of personal illness, take only those medications prescribed by a licensed physician.
13. Respect the dignity of the uniform by never wearing it in a public place.
14. Respect the religious beliefs of all patients.
15. Abide by the Golden Rule in her daily relationship with people in all walks of life.
16. Be a member of The National Federation of Licensed Practical Nurses, Inc., and the state and local membership associations.
17. Not identify herself with advertising, sales, or promotion of commercial products or service.

# THE INTERNATIONAL CODE OF NURSING ETHICS

Adopted by the Grand Council of Nurses of the ICN
at Sao Paulo, Brazil, on July 19, 1953

1. The fundamental responsibility to the nurse is threefold: to conserve life, to alleviate suffering, and to promote health.

2. The nurse must maintain at all times the highest standards of nursing care and of professional conduct.

3. The nurse must not only be well prepared to practice but must maintain her knowledge and skill at a consistently high level.

4. The religious beliefs of a patient must be respected.

5. Nurses hold in confidence all personal information entrusted to them.

6. A nurse recognizes not only the responsibilities but the limitations of her or his professional functions; recommends or gives medical treatment without medical orders only in emergencies and reports such action to a physician at the earlies possible moment.

7. The nurse is under an obligation to carry out the physician's orders intelligently and loyally and to refuse to participate in unethical procedures.

8. The nurse sustains confidence in the physician and other members of the health team; incompetence or unethical conduct of associates should be exposed but only to the proper authority.

9. A nurse is entitled to just remuneration and accepts only such compensation as the contract, actual or implied, provides.

10. Nurses do not permit their names to be used in connection with the advertisement of products or with any other form of self advertisement.

11. The nurse cooperates with and maintains harmonious relationships with members of other professions and with her or his nursing colleagues.

12. The nurse in private life adheres to standards of personal ethics which reflect credit upon the profession.

13. In personal conduct nurses should not knowingly disregard the accepted patterns of behavior of the community in which they live and work.

14. A nurse should participate and share responsibility with other citizens and other health professions in promoting efforts to meet the health needs of the public--local, state, national and international.

## Introduction to Ethics in the Healing Arts

### WORKBOOK ANSWER SHEET

1. Ethics is a code of behavior that represents the ideal conduct for a particular group. (p. 2)

2. by the group, or lose membership in the group. (p. 3)

3. law enforement agencies. (p. 4)

Situation A (p. 3)

1. Patient - his privacy is respected.
2. Employer or group - you are representing high ideals of confidence.
3. Yourself - self-respect is maintained.
4. Supervisor.
5. Both legal and ethical.

Situation B (pp. 3 and 8)

1. C
2. Both of these

Situation C (p. 5)

1. The patient
2. Co-workers
3. Employer
4. Herself (Any of these)

Situation D (p. 7)

1. C

Situation E (p. 4)

1. Ethical standards
2. Legal standards

Situation F (p. 7)

1. A

Situation G (p. 7)

1. A